The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIV. TORONTO, JULY, 1918 – Dec. 1918 No. 1

Editorials

THE NECESSITY FOR CO-OPERATION IN THE ACADEMY OF MEDICINE

CO-OPERATION is the watchword of the day. The appointment of General Foch to bring proper co-operation among the Allied Forces is a case in point.

The unseemly squabble which took place in the Academy of Medicine in May, a short report of which appears in another column, proves that there is something wrong somewhere; and it is quite time that the cause of so much bitterness and jangling should be eliminated, and its place taken by a feeling of amity and fraternity.

To epitomize: the whole of the unfortunate state of affairs has, as its basal cause, selfishness.

The Medical Profession, collectively, has the reputation of doing more unselfish work than any other profession, calling or business; and its members are presumed to be gentlemen or, at least, men with

R
11
C3
V44

gentlemanly instincts. Unfortunately, the old Adam seems to have become dominant in some of its members or coteries, and trouble has arisen which only time, patience and statesmanlike diplomacy will settle.

The passwords to the new order of things are self-denial, charity and co-operation.

The welfare of the Academy, and the reputation of some of its Fellows have been endangered by the recent episode, and some active efforts should be made to re-establish respect and confidence in its conduct and in that of its membership. The Academy must not be allowed to degenerate into a Kilkenny cat club.

A layman was visiting an asylum recently. Astonished at the impunity of himself and his guide (one of the guards), he inquired if the latter was not afraid of being overpowered by an attack of some of the inmates. "Oh, no," replied he; "there's no danger of that; they're crazy; they don't know enough to get together."

Several years ago, one of our leading surgeons, when visiting a certain town to operate, was obliged always to take an anesthetist with him. Owing to the bad spirit among the profession in the town, there was difficulty in securing one man to assist another. A young practitioner settled in the place. After sizing up the situation, he called on all the other doctors and later invited them to dine with him. They each came, but not expecting to meet anyone except the

host. Thus the ice was broken. A unification followed, and now they all work together in harmony.

Such a condition of camaraderie elevates the status of the profession in the lay eyes and reacts to the advantage of the whole community.

In an American city, cliquism, distrust and faction dominated the profession for many years. At length some of the more liberal-minded of the members of the leading medical society got together, establishing a laboratory, a library, a nursing registry, and, most important of all to attain their object, a kitchen and dining rooms, where individuals, committees, sections and visitors now lunch and dine together—a literal companionship. The place is almost like a club and a spirit of good-fellowship and co-operation has supplanted the former spirit of unsociability and hostility.

In Toronto, and in any other city, town or village where this lack of harmony prevails (and we are sorry it does so greatly prevail), let some one or two or more of our loved profession, with single-hearted purpose, inaugurate a movement for friendly co-operation. Nothing but good can follow such an effort, since nothing is more contagious than unselfishness and good will.

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. Gallie, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; Clarence L. Starr, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. Galloway, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. Fotheringham, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, Chas. J. Copp, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
Arthur Jukes Johnson, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
Mrs. Amy A. Armour Smith, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. Haywood, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:
Allen Baines, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; Helen MacMurchy, M.D., Toronto.

Medicine:
W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; J. H. Elliott, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. Pepler, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. Harrington, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. Beemer, M.D., Mimico Insane Asylum; Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. Watson, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. Moore, M.D., Toronto; and A. C. Hendrick, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. Mackenzie, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. Detweiler, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:
J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:
Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Society Proceedings

THE ACADEMY OF MEDICINE, TORONTO

The eleventh annual meeting of the Academy of Medicine was held in the Academy Building on May 7th. This meeting was unquestionably a most undignified one and we cannot be far astray in stating that, could our revered friend, the late Dr. J. F. W. Ross, the founder of the Academy, have realized the nature of the proceedings that evening, he would have almost turned in his grave. As we comment editorially on this subject in another part of this issue, we will but say that it is a matter of extreme regret that some of the Fellows so far forgot themselves that the whole affair at times partook of the nature of a bear garden.

The proceedings were largely formal and consisted of the reading of the reports of the Council, Trustees, Standing Committees, Honorary Secretary, different sections, Honorary Treasurer (who is to be congratulated upon the way in which he discharged a delicate and difficult task), Auditor and Special Committees. So far so good—but it was when the election of officers and members of Council took place and the report of the Nominating Committee was placed before the meeting that the Fellowship "woke up and took notice." As soon as the names were placed on the blackboard, the Chairman, Dr. D. J. G. Wishart, was bombarded with resolutions that certain other names be substituted for those nominated. The Vice-President-Elect, Dr. E. E. King, promptly resigned, stating that under no circumstances would he act, as he differed with the chairman as to a ruling he had just made, which, in his opinion, rendered the whole election null and void. Four of those nominated to Council then insisted that their names

be withdrawn, as they would refuse to be members of Council unless their election be made unanimous.

Dr. H. B. Anderson said that to his mind, it was one of the most unfortunate occurrences in the history of the Academy, and one which will tend to cause serious cleavage among the Fellows. It was obvious to anyone that the members of staffs in the large hospitals and university, by reason of frequent meetings and associations, quite apart from any organized effort, have a great advantage at the Academy elections, as compared with members of the profession in general. When there is any attempt at caballing, with the tacit approval of certain officials of such staffs, in order to accentuate such advantage, there is bound to be trouble. That there was such organized effort last year, and at the meeting, he stated, was known to everyone, and " if anyone wishes to doubt it, I shall name Fellows here present and ask if it is true or not, and if they deny it, I shall accept their statements." The work of the Academy cannot be carried on satisfactorily without the fullest co-operation of the members of the hospital and university staffs and the great body of the profession. Any party cleavage will be harmful to all concerned. We must have harmony if we are to succeed. With reference to representation on the Council of the Academy, Dr. Anderson said he was absolutely opposed to those who desired to change the elective members every year or two. There are only seven of these in a Council of nineteen members. For the first year or so, new members of Council, unfamiliar with the duties and responsibilities which they assume, and seven of them having to look after their sections, are of comparatively little use for managing the general affairs of the Academy, and often, as the records during the past year will show, they fail to attend the meetings regularly. It would be a good rule for the Academy, he said, if we elected no one to Council who had not first served his time and proved his worth as chairman of section or on committee. " We are different from the ordinary medical society, in that we have a library, own property and trust funds, and all of our affairs are managed through Council." Frequent changes and placing these matters in the hands of inexperienced men would be sure to jeopardize our interests.

No bank or insurance company would think of changing its directors every year and replacing them by those of less or no experience, merely to pass the honors round. "I am speaking absolutely without personal feeling in this matter, and regret that among those who are connected with this organized effort are friends of mine, and men for whom I have the highest personal regard. In the Academy of Medicine we should all meet on common ground with a fair representation of all institutions and the general body of the profession on the Council, and no set of men, by concerted effort, should seek an advantage."

At this stage several other Fellows rose to a point of order, questioning the chairman's rulings, which, they claimed, were not in accordance with the Academy By-laws. Dr. H. J. Hamilton then made a request, which was duly supported by the meeting, that a letter of his, sent in to Council a year or so before, be read. The honorary secretary did as instructed and immediately Dr. John Hunter got on his feet and, to say the least of it, forgot himself, flinging several very unpleasant epithets at the writer of the letter, going so far as to call him a name that we do not care to repeat in print. We feel strongly that no Fellow of any institution, composed, as it should be, of gentlemen, should ever condescend to such tactics even in a moment of excitement. To Dr. Hunter's credit be it said that he tendered an apology to the Academy, adding, however, that he entertained the same personal opinion of Dr. Hamilton as the one he had just expressed.

It was quite evident that a number of the Fellows present felt that there was a good deal of truth in the charges made in the letter just read.

There can be little doubt also that various caucuses were held by different sections of the profession in Toronto before the annual meeting, the object being evidently to oust certain men who, in their opinion, had already been too long in office, and at this point we but repeat what we have already frequently said, namely, that honors as are bestowed each year by such an honorable body as the Academy of Medicine, Toronto, should "go round," and not be held for more than a limited time by any particular Fellow or group of Fellows. For

instance, one of the officers again returned for 1918-19, and who has held the position of honorary secretary for several years, should show a willingness to step down *now* and give someone else an opportunity of serving the profession at least equally well. After a very stormy time, the names of the substitutes proposed were withdrawn and the Nominating Committee's slate was allowed to stand, resulting in the following Fellows being duly elected for the ensuing Academy year, to which we append the names of chairmen, secretaries and editors of sections:

President—A. Primrose, 100 College Street.
Vice-President—Edmund E. King, 61 Queen Street E.
Hon. Secretary—J. H. Elliott, 11 Spadina Road.
Hon. Treasurer—J. H. McConnell, 1653 Dundas St. W.
Past-President—D. J. Gibb Wishart, 47 Grosvenor Street.

Elective Members of Council.

John Ferguson, 264 College Street.
F. W. Marlow, 417 Bloor Street West.
H. B. Anderson, 184 Bloor Street East.
W. A. Cerswell, 862 Dovercourt Road.
H. J. Hamilton, 220 Bloor Street West.
H. W. Baker, 588 Spadina Avenue.
N. A. Powell, 167 College Street.

Chairmen of Sections.

Medicine—R. T. Noble, 322 Bloor Street West.
Surgery—C. H. Hair, 545 Palmerston Boulevard.
Pathology—F. McPhedran, 151 Bloor Street West.
Ophth. and Oto-Laryn.—Angus Campbell, 880 College St.
State Medicine—C. K. Clarke, 55 Wellesley Street.
Pediatrics—Alan Brown, 423 Avenue Road.
Obstet. and Gyn.—B. P. Watson, 14 Madison Avenue.

Secretaries of Sections.

Medicine—R. W. Mann, 184 Bloor Street East.
Surgery—B. Z. Milner, 414 Bloor Street West.
Pathology—R. D. Defries, 511 Dovercourt Road.

Ophth. and Oto-Laryn.—Mortimer Lyon, 122 Bloor St. W.
State Medicine—C. M. Hincks, 735 Bloor Street West.
Pediatrics—A. H. Spohn, 284 St. Clair Avenue West.
Obstet. and Gyn.—J. Gordon Gallie, 143 College Street.

EDITORS OF SECTIONS.

Medicine—G. S. Young, 280 Roncesvalles Avenue.
Surgery—H. W. Baker, 588 Spadina Avenue.
Pathology—H. K. Detweiler, 112 College Street.
Ophth. and Oto-Laryn.—J. N. McKinley, 82 College St.
State Medicine—O. C. J. Withrow, 646 Bathurst St.
Pediatrics—Beverley Hannah, 589 Sherbourne Street.
Obstet. and Gyn.—A. C. Hendrick, 646 Spadina Avenue.

We wish to take this opportunity of expressing the hope that the Fellowship of the Academy of Medicine will now "get together" and drop all hospital and university jealousies and work with President Primrose, whom we welcome to his new position, to make the Academy year of 1918-19 the biggest and best year in its history. We also earnestly trust that there will under no circumstances be tolerated any interference on the part of any officer of the Academy with the work of the different committees, some of whom had reason last winter to resent too much "officious officialdom" from one or two invertebrates. May we also express the hope that the member of the Academy staff (we do not refer to the Secretary, as the Academy has never had a better or more efficient one), who, in our opinion, is given to insurrection, will be handled with a little less jellyfish spinelessness and be given to understand that salaries are paid as much for obedience as for work actually done?

THE MEDICAL CONGRESS

The Medical Congress at Hamilton was a huge success. The ball was set a-rolling by the public health workers.

Dr. W. H. Hattie, President of the Canadian Public Health Association, discussed the present day needs for greater general interest in public health matters, and advocated a campaign for an enlarged membership of the Canadian Public Health Association. An endeavor to otherwise better the financial standing of the Association was necessary, so that more may be done in an educative way. The ideal held out will be a salaried staff at the disposal of the executive to further the aims and objects of the Association.

Dr. Herbert W. Hill, President of Ontario Medical Health Officers' Association, pointed out the great change in public attitude towards the health officer who was formerly hardly more than an inspector of backyards and a cleaner up of nuisances, but now, as the result of the war, the health officer had become one of the most important men in the community, and when the Venereal Diseases Prevention Act goes into effect (July 1, 1918), he will, if he does his duty, be quite the most important man for some time to come. He thought that neither the public nor the profession recognize what this Act means if properly carried out.

Addresses were also delivered by Dr. A. B. Rutherford, Owen Sound, on "Diphtheria Carriers," and F. A. Dallyn, Toronto, on "Sewerage in Small Towns." This latter paper evoked quite a discussion. The speaker held that in compact villages a waterworks system was easily and economically installed, but in a scattered village, where houses were a considerable distance one from the other, he was not certain but that septic tanks were the better remedies.

Premier Hearst made the announcement that the Government would issue regulations covering the venereal disease problem shortly. He reviewed the report made by Mr. Justice Hodgins on the medical men and the drugless healers. Among the recommendations of Mr. Justice Hodgins, the following were repeated by Sir William:

"That when a member of the medical profession has been acquitted by the courts, he should not be further disciplined by the laws governing the medical profession; patients and physicians should have the courts as a last resort to settle matter of fees, where a dispute has arisen and a physician should be attached to the Department of Education."

Sir William stated that the report claimed there were grounds for the complaints that too many operations were being performed, and that there was a tendency on the part of the medical profession to refuse to strike out along new lines.

Referring to the case of the osteopaths, Sir William stated that the report recommended that all osteopaths practising in Canada before June 30th last, be permitted to carry on their business, if they could show a certificate from the American College of Osteopathy, but that after that date all osteopaths would have to have a license from the Canadian College of Physicians and Surgeons.

"The Government has not yet considered the report, but after the matter has been settled, and medical men or any other bodies have made representation, legislation will be passed that will protect both the medical men and the public," said Sir William.

That the patent medicine man always outstated his case, and that the bigger the liar the better the results, was the contention of Mr. Paul. Patent medicines were founded on a knowledge of human nature and the desire to get something for nothing, he asserted.

Mr. Frederick Paul stated that one hundred million dollars was spent annually in the United States for patent medicines, and that the annual "dope" bill in Canada was eight million dollars. He said that the only remedy was to cut out patent medicine advertising.

Dr. (Capt.) Ernest Dickson discussed the subject of Botulism, which is prevalent in California, where he has labored some years as professor of pathology in Leland Stanford University. Botulism was very common in Germany one hundred years ago, and was then thought to be due to meat; but its source is now known to be most often due to the effects

of toxins formed in home-canned vegetables and fruit. Prevention of the disease could be attained by boiling, heat being inimical to the germ.

Dr. Clarence Hincks addressed the Association on Mental Hygiene. "Insanity is more prevalent than is supposed," stated Dr. Hincks. The number of feeble-minded people had never been estimated. Probably, stated Dr. Hincks, there were about 36,000 mental defectives in Canada to-day. The prevention of insanity and feeble-mindedness could be effectively secured by a process of education, and by barring mentally deficient aliens from the country. A mental test should be given to every recruit in the army.

The Venereal Diseases Prevention Act of Ontario, Canada.

This paper was read by John W. S. McCullough, M.D., D.P.H. (Tor.), Chief Officer of Health, Ontario.

The speaker gave a synopsis of an Act recently passed by the Legislature of the Province of Ontario with the purpose of controlling venereal diseases.

The Act provides that any person under arrest may, if the medical officer of health believes that the person is infected with venereal disease, be required to undergo an examination in order to ascertain if he is or is not infected with this disease, which by the Act includes gonorrhea, syphilis and chancroid. If the person so examined is found to be infected he may be detained and treated. Physicians in medical charge of gaols and other places of detention are required to report within twenty-four hours, any persons confined who may be found to be infected.

If a medical officer of health has credible information that any person is suffering from venereal disease the officer may require such person to be examined and if the person is infected, the officer may take steps requiring satisfactory treatment.

In order to prevent unjust action against a physician who makes an examination or report in respect to such cases, it is provided that such action can only be brought with the consent of the Provincial Board of Health.

Provision is made for right of entry to a house or premises by the medical officer of health or his deputy in the daytime for the purpose of enquiry or examination in respect to such cases. This provision is identical with the one in force in respect to other communicable diseases.

Hospitals designated by the board are required to provide facilities for treatment.

No one but a legally qualified physician is allowed to attend upon or prescribe for or supply or offer to supply any drug, medicine, appliance or treatment to or for a person suffering from venereal disease or for the purpose of the alleviation or cure of such disease; the only exception to this being that a qualified chemist may fill the prescription of a physician for such purposes. The penalty for infringement of this provision is $100 to $500. A similar penalty is provided against advertising in a newspaper, pamphlet or other periodical, any remedy or cure for these diseases. This penalty is also provided for anyone knowingly infecting any person with venereal disease.

Anyone making statements to the effect that a person has one or other of these diseases, except in case of disclosure made in good faith to a medical officer of health or physician in consultation, is liable to a penalty of $200.

Provision is made with the object of maintaining secrecy in respect to cases of this nature by those who have the administration of the Act.

The most important feature of the Bill lies, however, in the powers given the Provincial Board to make regulations in regard to the *forms* and *notices* to be used in the administration of the Act, in regard to the *remedies* to be used, respecting the *course of conduct* of the patient, in respect to the *distribution of information* concerning these diseases, the *regulation of treatment* in hospitals, etc., for *preventing* infection, for *reporting of cases* by serial number, of *notices and placards* in public places, *imposing penalties* for infringement of regulations, *procedure in appeals* which may be used as a finality to the board and the *method and extent of examination* of persons.

The board is given power to manufacture and distribute

remedies free or otherwise to local boards of health, physicians and hospitals.

Any expense in carrying out the provisions of the Act may be incurred by the medical officer of health or local board and such expense must be met by the municipality. The regulations under the Act are now in course of preparation, and the law goes into effect on the 1st of July, 1918.

While the effect of this law, which is a fairly drastic one, can scarcely be foreseen, it is reasonable to regard it as a decided step in advance. The restriction of practice in these diseases to qualified physicians and the prohibition of the advertising of quack remedies will, it is hoped, do much to eliminate the baneful effects of treatment by druggists and quacks, who not only do no good but usually do a lasting injury to the victim of these diseases, not only by leaving them uncured but in addition by giving them a false sense of security which allows of the transmission of disease to innocent parties. Reporting of the names of those infected, which does not seem to have worked well in practice elsewhere, is not sanctioned by the Act, but reporting by number is required. The Government is to be congratulated upon the enactment of this progressive health measure.

The paper read by Mr. F. A. Dallyn, Ontario Provincial Sanitary Engineer, was essentially a patriotic call to the Medical Officer of Health for the exercise of his authority in improving the poorer class of property throughout the municipality, by requiring landlords to install sanitary conveniences and connect to sewers. The Association's attention was directed to the fact that the cost of improving the property for plumbing and connection to the sewer need not exceed $200 even at these times, and that the repayment in the way of rental need not exceed $1.50 per month, an increase not at all commensurate with the benefits to be derived.

It was shown that sewerage in the small town was the most convenient way of disposing of waste water, and that it was also the cheapest, economically. The combined per capita cost of installing sewers and sewage treatment works amounts to about $16.20 in Ontario, pre-war conditions, and the annual charges for the local improvements and sewage treatment did

not usually exceed six or seven dollars per individual premises.

The speaker dwelt at some length on the fact that investments promoting improved sanitation offer substantial returns in health insurance, and while this might not be apparent in towns hitherto blessed with the general absence of diseases, it is most assuredly so in all communities in which avenues for the approach of disease, hitherto open, are closed forever.

Particular emphasis was placed on the fact that of all classes benefiting by sanitary movements brought about by the extension of water and sewerage systems, the poorer and industrial classes benefited the most and of all age groups showing improvements in mortality statistics under one, our infant death rate shows the greatest. The attention of the Congress was directed to the fact that infant mortality statistics of recently published reports in the United States show that the highest infant mortality rates are invariably associated with the lowest incomes, and that in industrial towns in Ontario the family with the small income at the present day, must accept very inferior housing accommodation; frequently must inhabit property which the landlord will not improve except by coercion.

The statement was made that the medical officer of health was the only person under the law capable of fully protecting the laborer in the matter of sanitation, and that if he was remiss in his duty and did not require improvement, he must accept responsibility for the excessive death rate amongst infants, caused by unsanitary conditions, a rate, in the writer's opinion, not less than 3 per cent. of the total births in those communities.

Hon. George Smith, Minister of Health for the Province of Alberta, explained the workings of the Municipal Hospital Act in his province, an Act which was necessary to deal with the problems of a new and sparsely settled country. Over one hundred districts had already made requests for hospital districts. The location of the hospital when four or five towns were concerned, was always a problem; but organizers were sent to explain matters for the purpose of eliminating selfish sectional interests.

One such municipal hospital was already in operation in

Lloydminster, and though the scheme had not been in operation long, it was expected to be a great success. Another new feature started in the province was the public health nursing scheme. There are now five such nurses, and the number will be increased as rapidly as finances and other problems permit. An appeal for school teachers for the West had been very successful, and the speaker ventured the hope that a large number of much-needed nurses would go West. On June 1 the nurses would begin their inspection of the country schools, and visit the parents to secure their co-operation. The co-operation of Women's Institutes and United Farm Associations would also be secured, the nurses lecturing to these organizations and working up public opinion in favor of their work.

The municipal hospitals and the public health nurses together were expected to do great things, in discovering and correcting many defects. The Government, in the meantime, is paying all the cost of the nurses until the schemes are popularized.

Dr. Gordon Bates discussed "The Venereal Disease Problem." Dr. Bates considers that the venereal disease problem is intimately bound up with many other questions affecting the public welfare. In Toronto an attempt was made to make certain social investigations among infected soldiers. These investigations besides revealing the fact that most infections took place previous to enlistment, revealed a large number of important facts about the social surroundings of infections. They revealed the fact that clandestine prostitution is common on the streets of Toronto; that the young women involved in it were generally engaged in other remunerative occupations. The place of infection, the fees paid and other circumstances were investigated also. The parks were found to be notorious places of infection, as well as the down-town boarding-houses and some hotels. General work in No. 2 Military District is directed by an officer in charge of venereal diseases for the district.

Educational methods are undertaken by the Advisory Committee on Venereal Diseases. This committee is composed of a number of sub-committees and its membership is over one hundred. It has dealt with many phases of the question,

including laws, education, and the enlistment of other bodies in such work as the formation of the "Women's Protective Association," and the organization of recreation. It is felt that now both the dangers and causes of venereal diseases are known, other organization should be undertaken on a national scale in order to combat them. It is important that existing cases be treated compulsorily, and that other repressive measures be adopted. Much of this is covered by The Ontario Act for the Prevention of Venereal Diseases. It is also important, however, that the social causes be attacked. It is suggested that hostess houses in the army and among the civil population might be useful. Model boarding-houses for girls where they may receive their young men friends under proper surroundings, supervised dancing, possibly in the schools, the organized teaching of "Sex Hygiene," more care for the feeble-minded and an organized publicity campaign seem all to be essential. The subject seems to give great opportunity for the development of ideals for citizenship throughout the country.

Dr. Helen MacMurchy gave an address on "The Baby's Father." The father, she said, was the person to dignify, purify and glorify womanhood; so his co-operation ought to be enlisted in the child's welfare. In cases of illegitimacy, the young man responsible for the unmarried mother's condition should be considered as father to the child and held responsible for the support of both, and assistance should, if necessary, be given him to that end.

Miss Mary Powers, of the Provincial Child Welfare Bureau, who was in charge of the baby survey in Hamilton last summer, described her tour of the towns of Ontario on a similar mission, the welfare exhibit being shown in each place from one to three days. The exhibition had been most helpful. In several places weekly child welfare clinics were being held and in others such clinics were soon to be established.

Dr. Grace L. Meigs, of the Children's Bureau of the United States Department of Labor, Washington, spoke on "The Children's Year Campaign," which had for its objective the saving of 100,000 babies. The war made the work of child welfare very arduous, she said; but such effort was eminently patriotic.

In spite of the war, child mortality had been reduced in the British Isles. In England the 1916 rate was 91 per 1,000 births—the lowest yet attained there. The United States campaign opened on April 6th, the anniversary of the American entry into the war. President Wilson expressed the motive of the campaign by saying that the effort at child welfare stood next to work for the soldiers, seeing that children embraced one-third of the population. The lines along which the campaign was being prosecuted were: Maintaining the standards of home care, restriction of child labor, enforcement of school attendance, the ensuring of outdoor life and recreation. Public health nurses and infant welfare stations were absolutely necessary to save the lives of the babies. A nation-wide weighing and measuring test of all children up to six years of age was being devised—a sort of national stock-taking, those being undersized and under weight being selected for special attention. The prosecution of this work was handicapped through the shortage of doctors. One state had already chosen a nurse to supervise the work.

Dr. Richard Bolt, Cleveland, dealt with "The Medical Student in Relation to Infant and Child Welfare."

Briefly outlining the great need for infant and child welfare work, Dr. Bolt discussed the question as to whether the medical student to-day was equipped to meet the problems of child welfare; private medical practice in its relation to the public health service for children, and whether the present medical educational scheme could be adapted to the needs of training in infant and child welfare work. The speaker also outlined an ideal scheme for the education of medical students in the essentials of this vitally important work for the little ones, making a strong plea for a broad pre-medical education.

The outlook for welfare work of both an extensive and intensive nature was never brighter, said Dr. Bolt, in conclusion. It was not too optimistic to predict that every school of pediatrics would ere long make ample provision for its students in every phase of child welfare work.

Dr. J. Heurner Mullin, one of the pioneers in child welfare work in Canada, and a prime mover in the launching of Hamil-

ton's big medical week, spoke briefly. He took the opportunity to thank those taking part, and expressed a desire to put in a plea for the general practitioner.

Dr. George E. Smith, of the department of child welfare, Toronto, gave an outline of the growth of child welfare work in the department of child hygiene in that city, the result of three years' work. He gave an account of various plans in operation at present for the conservation and development of children during the pre-school period. A considerable decrease in mortality has taken place in certain areas, as a result of the work carried on in the clinics under efficient physicians and public health nurses. In 1913, the work was begun with 364 clinics and an attendance of 3,926; during the past year there were over 1,000 clinics and an attendance of 16,049. Dr. Smith described the work done in the clinics, and the publicity measures undertaken to educate the mothers as to the necessity of the work. As a result of the clinics the mortality rate has dropped from 115 to 85 deaths per 1,000.

Dr. Alan Brown, Toronto, read a practical paper on "The Problem of the Rural Mother in Infant Feeding." The many difficulties that mothers living in the country have to face in nursing, feeding and weaning their babies, often far removed from the advantage of regular observation and advice, was the theme on which Dr. Brown enlarged.

Dr. Peter H. Bryce, of the Department of Immigration, Ottawa, spoke on Health Insurance. Dr. Bryce strongly advocated measures which make for the betterment of the race, and in support of his statements regarding the great results of public health work, quoted, among other statistics, those showing that, though Quebec had a greater birth-rate than Ontario, this province had a much smaller percentage of infant mortality. Dr. Bryce's forceful appeal for the sinking of selfish individuality in the pursuit of public health was received with great applause.

The Toronto Department of Health had an excellent exhibit of much interest to health officers throughout the province. It showed various tests for water and milk, apparatus in which germs of various diseases, such as typhoid, are rendered visible,

and the size, and different species, of anti-toxins, which are distributed throughout Toronto by the Health Department free of charge.

Anti-tetanus serum in all the stages of its preparation is on display by the Connaught Laboratories of the University of Toronto. These laboratories have sent overseas during the war more than 140,000 packages of this substance, thereby practically saving the lives of that many men, and more, as sometimes one package suffices for three men.

Exhibits were also on record from the London Board of Health, while Dr. Maude Abbott, of Montreal, was in charge of pathological specimens that attracted a great deal of interest.

The Canadian Public Health Association decided definitely on the organization of a section devoted to social hygiene. It also appointed a committee, the duty of which is to be the organization of a Canadian National Committee for combating venereal diseases.

The Association endorsed the principle of "mothers' pensions," and among the other resolutions was one urging upon the Dominion Government the necessity of immediate action in order that all means may be undertaken to provide preventive measures by which the problem of venereal diseases may be attacked, also to call for the co-operation of all parties of the community, particularly as regards existing organizations, and that in order to achieve this end an active Commission should be appointed for this work.

A permanent Advisory Committee on Public Health Laws, composed of a Federal Director of Public Health and the Chief Health Officers of the Provinces, was approved by the Association. It also was in favor of the recommendation that the Provincial Government be asked to standardize the regulations concerning the sanitation of vehicles of common carriers, such as railway coaches, etc., the transportation of corpses, the inspection of meats, milk and milk products and other foodstuffs, and the minimum requirements as to floor space, cubic space, window area, ventilation, toilet and bathroom accommodation and sewage disposal of hospitals, sanitaria and almshouses.

The Association passed approvingly on various other recom-

mendations, including mothers' pensions, the creation of a section of the Association to promote town planning and municipal engineering, and a Federal Department to co-ordinate the work of the provinces in social service work. A resolution of thanks for recent legislation about venereal diseases was sent to Premier Hearst, Mr. Justice Hodgins and Hon. I. B. Lucas, Attorney-General.

Officers for the ensuing year are: President, Dr. G. R. Cruickshanks, Windsor; First Vice-President, Dr. W. A. McAuley, Copper Cliff; Second Vice-President, Dr. Dickman, Port Hope; Secretary, Dr. J. W. S. McCullough, Provincial Board of Health.

The following important resolutions were passed by the Canadian Public Health Association at its meeting:—

(1) That this Association endorses the principles underlying child aid, commonly known as "mothers' pensions."

(2) That this Association reaffirms its belief that the formation of a Federal Department of Health is desirable, and urges upon the Federal Government the necessity of establishing such a department. Such a department of health should include in its activities co-ordination of work in the various provinces for the control of the venereal diseases, child welfare, vital statistics, feeble-mindedness and other problems in hygiene.

(3) That this Association recognizes there are many social factors behind the existence of venereal diseases in the community at large, and that a dual problem exists, civil and military, and inclusive of both sexes. Therefore, we earnestly urge upon the Dominion Government the necessity of immediate action, in order that all means may be undertaken to provide preventative measures by which the problem may be attacked. Further, that in order to make the campaign against these diseases effective, the Government should call for the co-operation of all parts of the community, particularly as regards existing organizations, and that in order to achieve this end an active commission should be appointed to carry on the work.

(4) That this Association appreciates the efforts of the military authorities to bring to the public attention the prevalence of venereal diseases amongst the civil population. Further, that

the Association urges that every effort should be made, with all available activities, to bring the situation under control, and offers full co-operation in any such movement.

Copies of resolutions 3 and 4 to be forwarded to the Minister of Militia, the Surgeon-General and to the Premier of Canada.

(5) That further efforts be made to promote a municipal engineering and town-planning section of the Canadian Public Health Association, and to this end it is recommended that a town-planning committee be appointed to undertake the furtherance of the matter of securing attractive papers for the next Congress.

(6) That this Association appreciates the sympathy and action of the Ontario Government in dealing with the venereal situation. That the Association congratulates the Government and its commissioner, Mr. Justice Hodgins, on the progressive legislation on the subject, passed at the last session of the Ontario Legislature.

Copies to be sent to the Premier, Attorney-General, and Mr. Justice Hodgins.

(7) That the request of twelve members for the formation of a social hygiene section in the Canadian Public Health Association be approved and that the section be authorized to organize forthwith. And, further, that the section be empowered to proceed with the organization of a Canadian National Committee for combating venereal diseases.

(8) That the Canadian Public Health Association greatly appreciates the spirit and intent of the resolution of the Canadian Medical Association, suggesting the affiliation of the activities of this Association with the Public Health Section of the Canadian Medical Association, but finds that, owing to the fact that the Canadian Public Health Association has in its membership engineers, social workers and other lay persons interested in public health, that, unless the Canadian Medical Association could admit such persons as members, such affiliation would seem impracticable. The Canadian Public Health Association will at all times be glad to co-operate with the Canadian Medical Association in any practicable way.

(*To be continued.*)

Militia and Naval Medical Services and Ambulance

Capt. C. A. Ames, C.A.M.C., of the Base Military Hospital, Toronto, has been attached to Aeronautical School, Burwash Hospital, as medical officer for that unit. He was sanitary officer at the Base, and had just completed a general spring cleaning of the old building.

Major William D. Sharpe, who has been awarded the Distinguished Service Order, is a B.A. of Victoria College of 1891. He went overseas as a captain with the A.M.C. to Serbia, where he was appointed medical officer and British adviser. He returned on leave to Canada, and later went over with the 234th Battalion.

Maj. Sir Edward Scott Worthington, who is made K.C.V.O., was knighted in 1913. He was educated at Trinity College, Toronto, and graduated in medicine from Toronto University. He is a famous surgeon and served as medical officer on the staff of the Duke of Connaught. Major-General Worthington served in the South African war with the R.A.M.C. In the present war he has already won the C.M.G.

Lt.-Col. Chas. H. Gilmour, formerly chief of the surgical services at the Ontario Military Hospital at Orpington, England, who arrived home recently, is likely to be retained for special surgical work in the military hospitals in the Toronto military district. He was in England when war broke out and was sent with the No. 2 General Hospital to France. He had also considerable experience in various military hospitals in England.

Col. H. A. Bruce, of Toronto, was recently mentioned in Field-Marshal Haig's despatches.

Lt.-Col. Henry Raymond Casgrain, a M.D.C.M. of Trinity of '83, has been gazetted with the rank of a full colonel.

Major Edward Shapter Jeffrey, of 107 Carlton Street, Toronto, an M.B. of the University of '14, has been made deputy assistant director of the Medical Corps.

Maj. D. M. Mathieson, M.C., senior adjutant of No. 2 District Demobilization Depot, has resigned. Dr. Mathieson went overseas with the Canadian Engineers and was mentioned in dispatches. He formerly commanded Spadina Convalescent Hospital.

Major E. R. O'Reilly will preside and act as surgical member of a second medical board of review appointed by the Ontario Registrar, to reconsider the cases of many men who were placed in lower categories by the A.M.C. medical boards. Capt. R. L. Morrison is to be the general member of the board, and Capt. J. D. Loudon the military member.

The Journal takes this opportunity of extending hearty congratulations to our esteemed collaborator, Lieut.-Col. Alexander Primrose, on his being recently honored by His Majesty and having conferred upon him a Companion of the Order of the Bath. We feel that this honor is heartily deserved. Dr. Primrose is, as is well known, Professor of Surgery at the University of Toronto, and went overseas with the University Hospital, serving also in England and France. His only son was killed in action.

The other members of the Profession who have been honored are Col. George Armstrong, of Montreal, and Lieut.-Col. George Badgerow, of London. These gentlemen were made Companions of St. Michael and St. George.

News of the Month

The Toronto City Council, on May 20th, refused the motion to have $22,000 reinserted in the Health Department's estimates.

McGill University has let down the bars to women so far as to admit them to the study of medicine and dentistry. The corporation of McGill announced this on May 9th.

A memorial to Nurse Edith Cavell is to be erected in London, subscribed for by readers of the *Daily Telegraph,* on the design of Sir George Frampton. The figure of the nurse, 8½ feet above the plinth, is backed by a granite column. On the top is a figure of humanity protecting the small states represented by a child. On the back of the column in low-relief is the lion of Britain.

The country will rejoice in the release of Hon. Dr. Beland from Germany. The tragic circumstances of his capture and imprisonment touched the hearts of all Canadians. Having wedded a Belgian lady in Belgium on the eve of the war, he remained after the storm broke to serve the stricken people, and paid a fearful penalty for his heroic resolve. Separated from his bride, he was doomed in a German prison to hear of her fatal illness, and was refused permission to go to her deathbed. A strong faith and an iron will have enabled him to endure nearly four years of mental and physical anguish. Dr. Beland was one of the most outstanding figures in Canadian public life, and had an almost unique place in the affections of the House of Commons. His return to his native land and to the Parliament to which he was elected by acclamation will be a stroke of public good fortune.—*The Toronto Globe.*

Dr. H. B. Anderson, was elected Vice-President of the American Therapeutic Society at the recent meeting, held in Richmond, Va.

The Physician's Library

Blood Transfusion, Hemorrhage and the Anemias. By Bertram M. Barnheim, A.B., M.D., F.A.C.G., Instructor in Clinical Surgery, the Johns Hopkins University; Captain Medical Officers' Reserve Corps, U.S.A., author of "Surgery of the Vascular System," and J. B. Lippincott Company, Philadelphia and London.

The author correctly describes his work "as a compilation setting forth all the various methods of the present day with a consideration of the indications for transfusion." He further states that the book is for the man who is engaged in clinical work and desires to know what is being done, and how to do it. The book will be found to be very useful and to contain much that is of very great interest concerning this subject.

"*The Starvation Treatment of Diabetes,*" with a series of graduated diets used at the Massachusetts General Hospital. By Lewis Webb Hill, M.D., Children's Hospital, Boston, and Rena S. Eckman, Dietitian, Massachusetts General Hospital. With an introduction by Richard C. Cabot, M.D. W. M. Leonard, Boston, Mass., 1917.

This little book is intended as a guide to those undertaking the Allen treatment for diabetes, and sets forth very clearly and in detail the various diets constituting the system of treatment which has met with so much success during the last year or two. We can confidently recommend a perusal of this volume to all who are interested in the subject.

American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., Editor "American Illustrated Medical Dictionary." Tenth edition, revised and enlarged. Philadelphia and London: W. B. Saunders Company, 1917. Canadian Agents: The J. F. Hartz Co., Limited, Toronto. Ontario.

This handy little volume is quite up-to-date, containing several hundred new terms, especially those brought out by the war. The general practitioner, medical students and nurses, will find this little book mighty convenient. It is a gem in the printers' and binders' art.

A Practical Text-Book of Infection, Immunity and Specific Therapy, with special reference to Immunologic Technic. By John A. Kolmer, M.D., Dr.P.H., M.Sc., Assistant Professor of Experimental Pathology, University of Pennsylvania; Professor of Pathology and Bacteriology, Philadelphia Policlinic, and Pathologist to the Department of Dermatologic Research; Pathologist to the Philadelphia Hospital for Contagious Diseases. With an introduction by Allen J. Smith, M.D., Sc.D., LL.D., Professor of Pathology, University of Pennsylvania. With 147 original illustrations, 46 in colors, by Erwin F. Faber, Inspector of Medical Drawing, University of Pennsylvania. Second edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Limited, Toronto. 1918.

This is an ideal text-book for use particularly by students of medicine, though it will be found immensely useful to actively engaged practitioners, both old and young. The author is to be congratulated upon the fact that he does not talk over the heads of his audience, as too many laboratory workers are apt to do; on the other hand, he expresses his opinion simply and yet comprehensively. He has devoted the proper amount of attention to technic, and the practical side of his subject has not been overlooked. The second edition of Professor Kolmer's book should meet with a ready sale.

Materia Medica, Pharmacology, Therapeutics, Prescription Writing; for Students and Practitioners. By Walter A. Bastedo, Ph.G., M.D., Assistant Professor of Clinical Medicine, Columbia University; Associate Attending Physician, St. Luke's Hospital, New York; Attending Physician, City Hospital, New York; Consulting Physician, St. Vincent's Hospital, Staten Island; Consulting Gastro-enterologist, Staten Island Hospital; Fifth Vice-President, United States Pharmacopeial Convention; formerly Curator of the New York Botanical Garden. Second edition, revised. Philadelphia and London: The W. B. Saunders Co. Canadian Agents: The J. F. Hartz Co., Limited, Toronto. 1918.

This book is made up from a series of lectures delivered by the author at Columbia University. Usually a work on materia medica is, to say the least of it, "dry"; but Dr. Bastedo's book is one of the exceptions to that rule, as he has succeeded in presenting his subject in so practical a manner that it will doubtless appeal to practitioners of medicine as other writers have failed to do. The chapter on Prescription Writing will be found exceedingly instructive and the new light thrown on the therapeutics of Digitalis adds materially to the value of the volume.

Lecithin and Allied Substances, the Lipins. By Hugh MacLean, M.D., D.Sc., Lecturer on Chemical Pathology, St. Thomas Hospital, London. Longmans, Green & Co., 39 Paternoster Row; 4th Ave. and 30th St., New York City. 1918.

This monograph is one of a series on biochemistry, put out by the above-named firm, one of which series—on the fats—was written by J. B. Leathes, F.R.C.S., formerly Professor of Physiological Chemistry in Toronto University. The book will appeal mainly to students in this special subject. The lipins are fat-like bodies, yielding on hydrolysis fatty acids or their derivatives, containing in their molecule either nitrogen or nitrogen and phosphorus. Their function has not been discovered.

International Clinics. A quarterly by H. R. M. Landis and other well-known authors. Vol. I, 28th series. 1918. Philadelphia and London: J. B. Lippincott Company.

Clinics on heart disease, by Louis F. Bishop; on non-pulmonary tuberculosis, by Jno. B. Haines; salpingitis-spontaneous cure, sterility, and hysterectomy following repair of the pelvic floor, by Polak; sterility in the male, by Lespinasse; bilateral renal hematuria, tuberculosis of the epididymis, enlarged prostate, by Kretschmer; kidney calculus and ureteral calculus, by Lahez; and injuries to the cranium, secondary suture of infected wounds after sterilization with dichloramine-T, by Estel Lee, and treatment of shell and gunshot wounds, by Henri Biggs, constitute the chapters in surgery. The remaining sections on medicine, neurology, and public health, with a general review of medicine by Craig and Skellern complete one of the best of the series yet produced, so far as observed by the writer of this review.

The Physical Chemistry of the Proteins. By T. Brailsford Robertson, Ph.D., D.Sc., Professor of Biochemistry and Pharmacology in the University of California. New York: Longmans, Green & Co. Price $5 net.

Special interest attaches to this book because of the recent accession of the author to the staff of the Faculty of Medicine of the University of Toronto, as professor of biochemistry. The book is based on a previous edition of the work published in German in 1912. Since that time our knowledge of the physico-chemical behavior of the proteins has very considerably expanded and increased in exactitude. Among the particularly important subjects in which advances have been made in recent years may be mentioned the work of Van Slyke in determining free amino-groups (cf. chapter I), the work of Pauli on the combining capacity of deaminized proteins (cf. chapters I, VIII and IX), and that of Procter upon the swelling of protein jellies (cf. chapter VII). The present edition has been almost entirely rewritten, and it is to be regarded as the best work on the subject, being brought entirely up to date.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIV. TORONTO, AUGUST, 1918 No. 2

Editorial

PHYSICIANS AND THE ONTARIO TEMPERANCE ACT

A FEW weeks ago one of the oldest physicians practising in Toronto was fined $1,200 on four charges of violating the Ontario Temperance Act. It is stated that, in the short space of two weeks, he issued prescriptions for 1,171 quarts of whiskey and 2,400 bottles of ale, and that in the very large majority of cases he did so without even ascertaining if the person requesting the prescription required the liquor for physical reasons or merely to satiate an abnormal appetite.

It is to be regretted that any physician should so besmirch his dignity as to turn his consulting room into the semblance of a saloon. Such a man is a disgrace to Toronto, to his Alma Mater and to the medical profession. It is of no use for the *Globe* and other lay journals to become indignantly impatient and hyper-critical of the Medical Council because

they did not then and there deal with the case in point and remove the defendant from its list of membership. Had they done so, they might have found themselves defendants in a civil action. The offending doctor must be treated fairly, receive the usual two weeks' notice that his case will come up and be given an opportunity to explain his conduct.

It is indeed deplorable that any man, especially one who has run over the allotted "three score and ten years," should drag in the dust his name and leave such a stain on the honor slate of his life's work.

It is unfortunate that the world's glib tongue associates so often the name of the black sheep (in any fold) with the calling or profession to which it's owner belongs. The medical men in this city have reason to be classed as honorable, self-sacrificing and worthy of their high calling.

The Medical Council is the Watch Dog and still sustains the old motto of the profession's reputation, "What we have, we'll hold."

The many grand old men who have "passed out" still in the service of humanity we recall and have ever in memory "a place with the Immortals."

W. A. Y.

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:
ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:
W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:
J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:
PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Society Proceedings

THE MEDICAL CONGRESS AT HAMILTON

(Continued from July issue.)

The combined meeting of the Ontario and Canadian Medical Associations was a grand success.

The Committee on By-laws brought in a report at this meeting which is a proposed revision of by-laws. It was submitted for consideration, and will doubtless be adopted a year hence.

President H. B. Small, Ottawa, in his address reviewed the leading points in regard to the work of the Association and its relation to the Provincial Association, pointing out the importance of co-operation. He also pleaded for a more active work by the various standing and special committees, pointing out the good work done by the British and American Associations, and how much there is to be done in our own country, urging that we occupy the position we deserve as a profession, and that we should take a large part in *post-bellum* activities and in preparedness for the change.

Dr. J. P. Morton, President of the Provincial Association, in a brief address outlined the difficulties and criticisms encountered when the question of a medical week was first mooted; but it was now realized that such meetings were even more necessary in war time than in peace days. He referred also to the innovation of inviting the laity to the meetings, the time having arrived to educate the general public, to a certain extent, in matters medical.

Dr. H. Beaumont Small, President of the Canadian Medical Association, Ottawa, outlined the history and aims of the Association, which is now fifty years old, and discussed various changes which had taken place in its by-laws. Among other

things Dr. Small suggested that the laymen, whose assistance was valuable, should be admitted to associate membership.

Dr. Morton explained the latter's reference to the organization of the medical profession. Heretofore, Parliament had always asked associations whom they represented; now a plan has been suggested whereby all local societies in Ontario are united and each local association sends delegates to the Provincial Association, thus having a great deal of weight to back up requests to the Government. If this plan is followed, each province will adopt it, and each will unite to form parent medical associations. This dream of Canadian medical men, said Dr. Morton, was now fairly well accomplished, and it might be said the medical profession was organized. One of the chief aims of this organization was to safeguard the public from incompetency and keep the standards high.

Dr. Elliott, at the request of the Committee, then read the names of the graduates and undergraduates of the Canadian universities who have paid the supreme sacrifice, the audience standing in silence. Dr. Elliott concluded the list by reciting feelingly "In Flanders Fields."

Friday evening, following the dinner, Dr. Chas. Mayo discussed the cancer problem. He declared that the cause of cancer was a cell in a multicellular organ that had lost its control, that had lost its community existence, and reverted back to primitive life and became parasitic. In multicellular life each cell had its relation to the other, each had its bit to do, its responsibility to carry, and in return had to receive like in return. Carrying the analogy to ordinary life, Major Mayo declared that the future human existence would be such a community life.

"Cancer continues to be one of the greatest modern scourges," he said. "It seems to be on the increase, especially among highly civilized people." It was in lower forms of life; he had seen it in chickens, and he believed that it was common among dogs. The greatest advance in the knowledge of the disease came from the study of the individual cell.

"Two hundred thousand people had it in this country," said Major Mayo, and 80,000 people died yearly from it. Apparently he was referring to the United States. The disease recently occurred in persons under twenty years of age.

Talking about smoking, he said that the lower lip holds up the pipe, becomes anemic and gets heated. Some of the cells play out and reversion of one of them occurs.

The use of the X-ray may cause the disease, he stated. Talking of radium as a remedy, Major Mayo stated that it acts locally and was easily applied to such tissues and types of growth as had a rich blood supply.

In multicellular organisms every cell carried with it a cell intelligence, a brain, and a given proper environment, and if the cell intelligence failed to carry the protoplasm to the new cell, the reversion of type was the cause of the disease.

At the Saturday clinic, Major Charles F. Mayo described different types of goitre presented, and gave an address on the treatment of that disease. Dr. J. Howard Holbrook, President of the Hamilton Medical Society, was in the chair.

Major Mayo stated that goitre did not often become malignant. Though Switzerland was considered to be the home of goitre, Major Mayo declared that there were more cases in the United States than in Switzerland, and a higher proportion, though he did not think it could be said that America was particularly susceptible to the disease.

Medicine was being rewritten, stated the speaker, in discussing the immense importance of the thyroid gland. This gland, if affected too much in the young, stopped the growth of mentality. Medicine now was inquiring into cell life, and chemical properties of life, and seeking the roots of disease instead of merely applying remedies.

The types of goitre considered are simple, toxic and exophthalmic, anemics and local infections.

Following the clinic, the doctors were guests of the hospital at luncheon.

Dr. Gerald S. Glassco presided over the meeting of the Medical Section, and had charge of a noteworthy programme.

Dr. Thaddeus Hoyt Ames, of New York, contributed a paper on "The Prevention of War Neuroses (shell shock)," in the course of which he discussed the need of prevention of shell shock in armies. He enumerated the advantages to the State if neuroses could be prevented among men already in the army, and cited cases to show that this was possible. He discussed

also the occurrence of shell shock in certain regiments, and pointed out how a knowledge of its cause might prevent it.

Dr. Gordon Lyle, formerly of Hamilton, showed case charts of patients studied for renal function, and discussed the value and significance of blood analysis and functional tests of early nephritis. He gave also a resume of the findings in several hundred cases, with special reference to various important points.

Dr. I. Chandler Walker, of Boston, read a paper on "A Clinical Study of 400 Patients with Bronchial Asthma." In this series the cases were equally divided between males and females. With the exception of bakers, occupation as a rule played no part in the cause of asthma. In this series, 48 per cent. were found to be sensitized to some type of protein. Among the types of animal hair causing asthma, the hair of the horse was the chief offender, and the hair of the dog was rarely the cause. Among the foods, the cereal grains were the most common cause, and of these grains wheat was by far the most frequent cause. Egg, milk and fish were frequent causes. Among bacteria, Staph. pyog., aureus and strept. hemolysans were the most frequent causes and staph. pyog. albus was quite common. Among the pollens, ragweed was the most frequent cause; timothy was next in frequency, and red top, rose, golden rod, daisy, etc., were not frequently the cause of asthma.

The age of onset of asthma has an important bearing on the cause of asthma. Four-fifths of those who began to have asthma during infancy were sensitive to some protein; two-thirds of those beginning asthma in childhood were sensitive to some protein; one-half of those beginning asthma during young adult life were sensitive; one-fourth of those beginning asthma during adult life were sensitive to some protein, and none of those having onset of asthma after the age of fifty were sensitive. Sensitization to food proteins is very common in infancy and very uncommon in adult life.

Patients who are sensitive to animal hair and pollen proteins may be relieved of asthma by treatment with protein extracts of these. Bacterial cases may be successfully treated with vaccines. Those sensitive to food proteins may be relieved of asthma by the omission of such foods from the diet.

Patients who are not sensitive to proteins usually have asthma from bacterial infection and often sputum vaccines are beneficial. Other sources of infection outside of the bronchi should be sought for and such foci should be removed.

"Auto Serum Treatment of Chorea" was exhaustively dealt with in a comprehensive paper by Doctors Alan Brown and Geo. Smith, Toronto. These physicians have developed three modifications of the serum first introduced by Goodman, of New York, and the technique and results obtained were described, including withdrawal of blood from the patient, separating the serum from the blood, and the procedure of injecting it into the patient's spinal cord.

Dr. Lewellys F. Barker, Baltimore, read a paper on the "Significance of Heart Murmurs Found in Examination of Candidates for Military Service." As men with heart murmurs are being placed in goodly numbers in Category A in Canada, the medical men were eager to hear his views.

Apparently, the Canadian system is the right one. Dr. Barker's paper was technical, and he did not refer to the Canadian army directly. He did say, however, that in the United States army the presence of an organic murmur was the cause of an unconditional rejection of a recruit. That regulation, he intimated, would be relaxed as the war went on, and apparently Dr. Barker considered it too severe.

The presence of an inorganic murmur, if due to a relative insufficiency of a valve, or if associated with any enlargement of the heart, was a case for rejection, he thought. If it was not associated with such phenomena, and the heart responded normally two minutes after the conventional exercise of hopping on one foot and then on the other was indulged in by the recruit, then the applicant should be accepted.

The presence of a murmur due to anemic or a toxic influence was not in itself sufficient cause for rejection. Certain types of murmur were of no pathological significance.

Dr. Barker stated that some recruits, despite the presence of organic murmurs, were better fitted to stand exercise than others whose examination revealed no murmur at all. In connection with the exercise the recruit took under examination, a good

response to the same did not rule out of the realm of probability the existence of organic trouble with the valve of the heart.

Many men with organic diseases of the heart valve need not be unconditionally rejected, he claimed.

The Surgical Section passed a resolution calling upon the Government for legislation governing the issuing of licenses to surgeons. What the profession wants itself is a regulation that requires a man who wishes to practise surgery to spend three years after graduation either as an interne or else as assistant to a practising surgeon in good standing. The idea of the new regulation is not only to keep out of surgery practice men who are incompetent, but also to grant surgeons certain standings so that the public at large may know just what training a surgeon has had when calling upon his services.

Col. Colin Russell contributed a paper on "Psychogenetic Conditions in Soldiers—Their Etiology and Treatment."

These abnormal mental conditions were not by any means confined only to soldiers, stated the speaker; but it was chiefly of this class of patients that he spoke. That the problem was worthy of consideration was shown by the fact that in the French army it had almost disappeared, except those treated close to the front.

The patients could be divided into groups—malingerers and psychopaths. Members of the first group were liable to feign any disability, it being a well-known fact that it was the old soldier's privilege to put one over on the medical officer. The latter would be wholly lacking in a sense of humor, said the speaker, if he did not see the funny side of the thing, if it was not carried to extremes, always taking care, however, that the fun was on the side of the medical officer.

It was often very difficult to establish a dividing line between the psychopaths who were real sufferers, with disabilities varying widely, and the sham cases. A point in common was that no physical lesion could be found to account for the pain complained of. The speaker discussed cases commonly called hysterical, and cited examples of malingering on a basis of hysteria and vice versa.

Concerning treatment of these psychogenetic cases, military sternness had been successfully used in some instances; in others,

sympathy and encouragement. Col. Russell went at length into an illuminating discourse on the psychology of the matter, and showed that a negative self-feeling and increased suggestibility were the underlying causes of the psychogenetic condition. In proof of this, men usually found to be malingerers were unusually self-assertive and impudent. Discussing the reason for such beginnings, the speaker stated that they were rooted in the primitive instincts of self-preservation and procreation. Feeble-mindedness makes for less control of these instincts—and it was a loss of time and money to try to make such men soldiers. Incidentally, the speaker remarked that if a man had stood the strain of the front-line trenches for a long time, he, for one, did not blame him if he lost his control.

Discipline, self-respect and the ascendancy of the higher command were necessary in the treatment of this mental condition. Suggestion and hypnotism, while often relieving symptoms, would not cure the patient's being liable to relapse at the first shock. Mechanical treatment and drugs were only superficial also. Reason was the only thing to help toward a cure. Methods equally as scientific as those used in any bacteriological infection should be employed.

The question of a pension and expectation of prosperity was one calculated to deter the patient from making the effort toward the higher control. In the French army this is recognized, and it is made not worth while for the soldier to develop shell shock. It is also observed that German prisoners do not suffer from this disability, they being at rest and having no chance of a pension. In England this class of patient is treated in special hospitals, instead of being discharged with a fairly large pension, as formerly.

Col. Russell cited cases to illustrate his statement that these men were usually found very unsatisfactory when returned to civil life, many relapsing at shocks—startled by an idea. These were quite content to go to a comfortable home to be treated, secure in the fact that they were pensioners, and having, perhaps, prospects of increased disability pension.

Only reason would appeal to reason. It seemed almost essential in Canada to adopt the plan of the French and British

armies. Among other features, this plan would include such measures as special hospitals for the patients on their arrival in Canada, where they would be cared for under men specially trained; no discharge for patients with this disability; and their return to the psychogenetic whence they came should they relapse.

Col. Russell stated, on eminent authority, that a large percentage of patients, appropriately treated, could be restored to their pre-war physical condition. If proper measures were not taken, a percentage of these people were liable to become members of the tramp, ne'er-do-well and criminal classes, always so greatly augmented in the train of war.

Col. I. H. Cameron, C.A.M.C., made one of his characteristically happy addresses, in the course of which he touched on many points of classical allusions and gems of verse.

Lt.-Col. Hadley Williams, of London, Ont., presented a paper which consisted of a short discussion of the types of nerve injuries met with overseas and in Canada, the importance of asepsis, the difficulties of diagnosing the exact conditions, whether due to bruising or complete division, and particularly the technic of the operation where so much of the nerve is destroyed that the ends cannot possibly be brought together in the usual manner. Dr. Williams cited the case of a man operated on seventeen years ago.

THE ONTARIO MEDICAL COUNCIL—THE MOORHOUSE CASE

At the first session of the annual meeting of the Medical Council, which began on the 25th day of June, 1918, Dr. Arthur Jukes Johnson, seconded by Dr. Hardy, gave notice of motion that "at the next meeting we propose to ask for the appointment of a committee to consider and express the feeling of this Council with regard to the relations between the profession and the Ontario Temperance Act."

At the session first next following, Dr. Johnson moved,

seconded by Dr. Hardy, the motion of which notice had been given at the preceding session, "that a committee composed of Sir James Grant, Dr. J. M. MacCallum, Dr. Eccles, Dr. Connell, Dr. Stewart, together with the mover and seconder, be appointed to consider and report on the question as to the infringement of the Ontario Temperance Act by medical men."

This motion was carried.

On the same day this committee was called together immediately after the Council rose, and after the question had been fully discussed in committee, the following report was presented:

"Toronto, June 27th, 1918.

"To the President and Members of the Council of the College of Physicians and Surgeons of Ontario.

Gentlemen:

"I have the honor herewith to present the Report of the Special Committee asked for two days ago in regard to the infringements of the 'Ontario Temperance Act.'

"The Medical Council are of opinion that the giving of orders by medical men for the obtaining of alcoholic liquors is justified in any case in which the medical man is satisfied 'of his own knowledge' that the use of alcoholic liquor is necessary and proper for the treatment of the patient, and

"That this Council would deprecate the giving of such orders upon any other ground whatever.

"The Medical Council would request that the Board of License Commissioners take such steps as may be necessary to ensure that liquor sold on such orders be of proper quality and purity.

"That means be taken by the Board of License Commissioners to investigate and deal drastically with all cases in which the provisions of the 'Ontario Temperance Act' appear to be subverted.

"All of which is respectfully submitted.

"Arthur Jukes Johnson."

This report was adopted subject to the addition of a clause moved by Dr. King and seconded by Dr. Stewart, "that the

quantity of alcoholic liquor for internal use be limited to eight ounces."

When the above resolution was proposed, the charge against Dr. Moorhouse had not become public, but during the period of presentation of and passing by the Council of the resolution cited a conviction had been recorded against Dr. Moorhouse in the police court, a full report of which appeared in the daily papers.

So insistent did this matter seem that a motion was carried in the Council asking that the Executive Committee be directed to enquire into this case *ad interim* and later report to the Council. This became necessary for the following reasons:

1. If a complaint is made against a registered medical man asking the Council to take action therein, whether the initiative be taken by the Council or its Executive Committee, on the one hand, or upon the responsibility of any four members of the College, as attested by their written signatures, on the other, the complaint can only be investigated by the Discipline Committee of the Council.

2. Until the Discipline Committee has duly investigated the charge and reported its findings, the Council cannot act therein.

3. Notice must be given to the accused that he may have an opportunity of preparing his defence and of being heard before the Discipline Committee.

The action of the Council in referring this matter to the Executive Committee ensures instructions being given to the Discipline Committee to enquire into this matter and to present their report to the Council at the earliest possible date that the Council may be prepared to deal with the whole matter.

It will be seen that these two motions while they are closely related refer to separate conditions; the first motion refers to the way in which the profession feels towards the Ontario Temperance Act, the second one is a mandate of the Council that the Discipline Committee, a committee specially appointed for the purpose of making enquiry into all matters relating to members of the College, consider the case against Dr. H. H. Moorhouse as it appeared in the public prints and report as to their finding in the same.

The following excerpt from the O. T. A. should be read carefully, and lived up to, by every physician:

51.—(1) Any physician who is lawfully and regularly engaged in the practice of his profession, and who shall deem any intoxicating liquors necessary for the health of his patients, may give such patient or patients a written or printed prescription therefor, addressed to a druggist and not exceeding six ounces, except in the case of alcohol for bathing a patient or other necessary purpose, or liquor mixed with any other drug is required when a quantity not exceeding one pint may be prescribed, but no such prescription shall be given except in cases of actual need, and when in the judgment of such physician the use of liquor is necessary, or such physician may administer the liquor himself, and for that purpose may have one quart in his possession when visiting his patients. And every physician who shall give such prescription or administer such liquor in evasion or violation of this Act or who shall give to or write for any person a prescription for or including intoxicating liquor for the purpose of enabling or assisting any person to evade any of the provisions of this Act, or for the purpose of enabling or assisting any person to obtain liquor for use as a beverage, or to be sold or disposed of in any manner in violation of the provisions of this Act, shall be guilty of an offence under this Act.

(a) Upon the prescription of a duly qualified medical practitioner a vendor under this Act may sell and supply for strictly medicinal purposes—

(1) Ale, beer, and porter in quantities not exceeding one dozen bottles, containing not more than three half pints each at any one time;

(2) Wines and distilled liquor not exceeding one quart at any one time.

All the provisions of this Act applicable to prescriptions addressed to and the sale of liquor by druggists, save as to quantity, shall apply to prescriptions addressed to and the sale of liquor by a Vendor under this Act.

Medical examination of the manhood of Canada for military purposes reveals the fact that the percentage of unfit varies from 40 to 70 per cent., according to a statement made by Dr. A. T. Callum, of Niagara Falls.

Dr. Callum moved a resolution that in view of this fact some form of supervision of the health of the country should be instituted by the State, and that the matter be referred to the proper departments of the Dominion and Ontario Governments.

Dr. H. J. Hamilton, of Toronto, suggested that a special committee consider the report of the Medical Commission which dealt with the various cults practising forms of healing.

Dr. G. R. Cruickshanks gave notice of a motion dealing with the Patent Medicines Act. He complained of the misbranding of proprietary medicines and the publication of testimonials, many of which are objectional to medical men. He also asked that a fund be created for the needy widows and orphans of deceased medical men.

While the medical examination of the men of Canada for military service has revealed the fact that a large percentage is unfit, there has been great advance in medical education in the Province of Ontario during the last fifty years, says Sir James Grant, of Ottawa.

"Diphtheria and typhoid fever," he says, "are almost stamped out, and epidemic diseases, as a whole, according to the reports of the Board of Public Health, are very satisfactorily reduced in the death rate. The status of the medical profession in this Province," says Sir James, "was never higher than at present, the outcome in large measure of energetic measures of the Medical Council. Our medical men to-day in the armies of Great Britain stand high in professional repute, and are occupying with credit posts of the highest trust and responsibility.

The position now filled by Col. Bruce, C.A., M.C., as a consulting surgeon in the British forces is extremely creditable to a Canadian graduate who is unquestionably a man of very marked ability. Two diseases at present claiming much attention are tuberculosis and syphilis; and certainly the Ontario

Government has been most energetic in its efforts to root these out in so far as possible, and thus lessen the fatality inevitably attendant upon them."

The election of officers resulted as follows: Dr. R. Ferguson, London, President; Dr. A. T. Emmerson, Goderich; Vice-President; Dr. H. Wilberforce Aikins, Toronto, Registrar-Treasurer; H. S. Osler, K.C., Solicitor; J. F. Lawson, C.A., Auditor; John Fyfe, Public Prosecutor, and George Angus, Official Stenographer.

SIMCOE COUNTY MEDICAL ASSOCIATION

At the annual meeting of the Simcoe County Medical Association, held in the Royal Victoria Hospital, July 10th, the following officers were elected: President, Dr. T. J. Johnston, Midland; First Vice-President, Dr. Campbell, Tottenham; Second Vice-President, Dr. Gilchrist, Orillia; Third Vice-President, Dr. Johnston, Stayner; Secretary-Treasurer, Dr. Arnall, Barrie.

Papers were given by Dr. Alan Brown, Toronto; Dr. Lewis, Barrie, and Dr. Macphee, Port McNichol.

A discussion on the report of Mr. Justice Hodgins on Venereal Diseases was introduced by Dr. McCallum, of Thornbury district, representative in the Medical Council. Opinions favorable to the report were expressed and a resolution approving it was passed.

THE MEDICAL COUNCIL OF CANADA

The Medical Council of Canada, at its concluding sitting on June 12th, decided to hold the next annual meeting in Ottawa on the third Tuesday of June, 1919, and elected the following officers for the current year: Hon. Pres., Sir T. G. Roddick (re-elected), Montreal; Pres., Dr. R. Eden Walker, New Westminster, B.C.; Vice-Pres., Dr. J. C. Connell, Kingston, Ont.; Registrar, Dr. R. W. Powell, Ottawa (re-elected); General

Counsel, F. H. Chrysler, K.C., Ottawa; Auditor, G. L. Blatch, F. C. A., Ottawa.

The Executive Committee consists of the Hon. President, the President and the Vice-President, together with five members of Council, as follows: Dr. E. P. Lachapelle, Montreal; Hon. Dr. R. S. Thornton, Winnipeg; Dr. W. W. White, St. John, N.B.; Hon. Dr. R. G. Brett, Edmonton, and Dr. A. MacNeill, Summerside, P.E.I. The Finance Committee consists of Dr. A. McG. Young, Saskatoon; Dr. H. S. Griffin, Hamilton; Dr. G. C. VanWart, Fredericton, N.B.

The report of the Education Committee was presented, containing the formation of the Boards of Examiners for the examinations in Montreal and Halifax in October, 1918, and for Toronto and Winnipeg in June, 1919.

CANADIAN UNIVERSITIES' ALUMNI ASSOCIATION, OF CHICAGO

The Canadian Universities' Alumni Association, of Chicago, held a luncheon at the Sherman House on the 12th of June, at the time of the meeting of the American Medical Association. The following graduates were present and greatly enjoyed the reunion: C. F. Neu, Indianapolis (Western, '94); Wm. H. Marshall, Capt. M.R.C., Camp Grant (Trin. and Tor., '01); J. F. McConnell, Colorado Springs (Tor., '95); W. H. B. Aikins, Toronto (Tor., '81); D. E. McGillivray, Port Angelue (Trin., '99); Hugh A. Stevenson and W. J. Stevenson, London (Tor., '96); Chas. MacLachlan, New Rockford, N.D. (Tor., '89); John R. Hopkins, Denver, Col. (Tor., '93); M. W. Pascoe, Taft, Cal. (Trin., '98). Chicago was represented by Hugh N. MacKechnie (Tor., '01), John Milton Moore (McG., '88), W. L. Copeland (McG., '72), Chas H. Long (McG., '88), Leonard St. John (McG., '72), J. K. McQuarrie (Tor., '95), Hugh A. Cuthbertson (Tor., '94), J. Fennell McKee (Tor., '94), James T. Campbell (Tor., '89), C. D. Hauch (Tor., '09), Norman Kerr (McG., '89), J. Arch. Brown, Kankakee, Ill. (McG., '93), D. A. Myers, Lawton, Okla. (McG., '98), John Segsworth, Wilmette (Tor., '94).

VENEREAL LEGISLATION

Acting under the Venereal Diseases Prevention Act, which was passed at the last session of the Legislature, the Provincial Board of Health has drawn up the necessary regulations for the carrying out of the new law. The regulations were finally approved by the Cabinet Council on June 20th. They came into effect on July 1. The most stringent clause is that making it an offence for anyone to marry, or to act in any way by which another person is likely to be infected, while suffering from any venereal disease.

Some time ago a number of experts were called together to discuss the proposed regulations. It is understood that they urged upon the Government the advisability of including in the regulations a clause forbidding having for use in public places common towels. They also urged that barber shops be forced to use many protective methods to prevent infection. However, none of these suggestions, although it is is understood they were sent on to the Cabinet by the Provincial Board of Health, are included in the final draft as announced yesterday.

Druggists are not allowed to sell any remedy or patent medicine for the treatment of venereal diseases without a doctor's prescription, although the druggists made representations to the Government to have this changed. All patients will be registered.

The regulations provide that where a person is suspected of being affected or exposed to infection with venereal disease, he may be notified by the local M. O. H. to present himself before a physician within twenty-four hours and within another twenty-four hours to appear before the Medical Officer with a certificate showing the result of the examination.

It is declared that every person infected with venereal disease must place himself under the care of a medical practitioner, or, if unable to secure medical attendance, he must apply to the local officer of health. He is required to obey the doctor's orders under a penalty of not less than $25 nor more than $100. The regulation says: "He shall abstain from marriage, sexual intercourse or any conduct likely to infect another. He shall

continue treatment until pronounced non-infectious, and in default of which he shall be reported to the Medical Officer of Health." Any violation of this regulation makes the individual subject to a fine of not less than $100 nor more than $500, or twelve months' imprisonment.

Every medical practitioner, every hospital superintendent, the head of every hospital for the insane, for epileptics, for the feeble-minded, the head of every jail, reformatory, or other place of detention, and of every institution, private, public or otherwise, shall, according to the regulations, report daily to the Medical Officer of Health by a serial number every case of venereal disease coming under treatment or care for the first time. It is further declared that every person infected with venereal disease shall take and maintain every precaution against the spread of this disease as is now, or may be from time to time, prescribed by the Provincial Board.

The regulations provide that a doctor making an examination as prescribed shall be paid by the municipality where the patient lives, the sum of five dollars. This will not apply to a public institution receiving Government aid or maintained by the Government. Provision is made for appeal from the decision of the Medical Officer of Health by application to the Provincial Board, which shall hold a hearing in camera within one week.

The method of examination for determining whether persons are infected is set out in great detail in the regulations. Shorn of its technical phraseology the examination for gonorrhea includes physical examination of the person with a microscopical examination of the infection. In the case of suspected syphilis, the physical examination is supplemented by a blood test.

The regulations give approved methods of treatment and specify certain drugs which may be used. They declare, however, that "none of these remedies or any form of treatment, appliance, instrument or medicine, patent, proprietary or otherwise, shall be sold, offered for sale, recommended, suggested, advertised, or promoted by anyone as a treatment for venereal, special, private or genital urinary disease, unless such remedy, medicine, treatment or instrument is prescribed by a legal, qualified practitioner."

Personals

The Journal extends heartiest congratulations to Dr. H. K. Detweiler on his recent marriage.

Col. Clarence L. Starr returned to Toronto on July 6th, after spending several months in England doing special hospital work.

Dr. T. R. Elliott, University College, London, England, is mentioned as the new Professor in Research Medicine, likely to be a newly-endowed Chair at the University of Toronto. Dr. Elliott is the youngest member of the Royal College of Physicians and Surgeons in England.

Capt. Harvey Gordon Young, who was formerly an interne at the Toronto General Hospital, has been mentioned in despatches. He took his M.B. degree in 1916, and after training at the Niagara Camp went overseas as Medical Officer of the 49th Battalion. Since going out to France he has been serving with an advanced dressing station, and received the D.S.O for exceptional gallantry several months ago. Capt. Young's home is in St. Mary's.

Capt. Chester C. Richardson, M.B., Toronto, '92, recently arrived back in Canada on sick leave. After graduation he practised for a time with his father-in-law, the late Dr. Rutherford, of Aurora, and then went to Windsor, where he was living when war broke out. He enlisted immediately in the C.A.M.C., and served on the staff at London before going overseas. Since then he has been with a field ambulance in France. Just prior to his return he was attached to the staff of Epsom Military Convalescent Hospital, one of the largest in England.

Dr. J. P. Sievewright, of Chatham, died very suddenly on June 21st from an attack of heart trouble, to which he had been subject for some little time. He was in a drug store when stricken, and lived but about five minutes. He was a practising physician in Chatham for years. He spent about a year in New York, returning here last February.

At a special meeting of the Board of Governors of the Western University, held on June 21st, the resignation of Capt. (Dr.) Hill, Medical Officer of Health for London, was accepted. He becomes Director of the Public Health Association of the State of Minnesota. Every effort was made to have Capt. Hill reconsider his resignation, but he explained that the field offered is much larger.

Word has just been received that Major E. Velyan Henderson, who went overseas with the 198th Battalion (Canadian Buffs) is now serving in France with the 14th Canadian Field Ambulance. On the breaking up of the 5th Canadian Division Major Henderson applied for duty in France with the Canadian Army Medical Corps in preference to doing duty in England, and reverted to the rank of captain. Major Henderson is a member of the Faculty of Medicine in the University of Toronto.

ITEMS

We understand that there is at present a vacancy for a Physician in South Porcupine, Ont. Any Medical Practitioner desiring to take up practice in that locality should communicate with W. H. Wilson, Clerk-Treasurer, Township of Tisdale, South Porcupine, Ont.

The City Clerk at Halifax, N.S., is prepared to receive applications from duly qualified Medical Practitioners holding a degree in Public Health from some recognized University for the position of Medical Health Officer of the City of Halifax. The salary for the current year is $2,500.

The Physician's Library

Dietotherapy—Chemistry and Physiology of Digestion, Classification and Analysis of Foods.—By William Edward Fitch, M.D., Major Med. Res. Corps, U.S.A., formerly Lecturer on Surgery, Fordham University School of Medicine; Assistant Attending Gynecologist, Presbyterian Hospital Dispensary; Attending Physician to the Vanderbilt Clinic, College Phys. and Surgs., New York City; and forty contributors. Volumes I, II and III. Published with the permission of the Surgeon-General of the Army. D. Appleton & Company, New York and London. 1918.

This is undoubtedly the most extensive work on the chemistry and physiology of digestion that we have had the pleasure of reviewing "these many days." The author is deserving of hearty congratulations on the result of what must have meant years of labor. The list of contributors includes some of the most prominent medical writers in the United States, and the only Canadian whose name appears is that of Professor A. B. McCallum, of Toronto. The author starts off the consideration of nutrition by regarding the body "as a human laboratory of juicy, balanced, chemical reactions." Much of Volume I is devoted to physiological chemistry, and presents to the reader a careful consideration of the fundamental principles of that branch of science, along with a general study of the digestive organs and their functions, with a description of the physiology of the absorption of foods. Dr. Fitch then devotes considerable space to heat units or calories, giving his readers separate chapters on vegetable foods, fats and oils, fruits, nuts and garden fruits, malt liquors, stimulants, wines, etc., sugars, spices and condiments. There is no doubt that dietotherapy is a subject that has up to the present been almost ignored by our medical faculties, the result being that it has been neglected

by the profession. The charge made by Dr. Fitch is only too true that there are but few practitioners of medicine who are able to tell "the exact fuel value of a glass of lemon jelly or the definite amount of the various elements of food substances contained in a pound of beef." This splendid work should and will supply a tremendous need of the medical practitioner of to-day, and overcome one of its outstanding shortcomings.

Nine Humorous Tales. By Anton Chekhow. Translated by Isaac Goldberg and Henry T. Schnittking. Stratford Universal Library (The Stratford Co., publishers), Boston, Mass. Price 25c.

In these days when life becomes more and more harrowing, and one is almost afraid to take up the morning newspaper, such a book as this is a decided relief. Those who purchase it will find it restful, particularly so to the busy medical practitioner who, as a rule, spends far too little time in light literature. The book is one of the publishers' 25c. editions. Universal Library.

Therapeutics, Materia Medica and Pharmacy. The special therapeutics of diseases and symptoms; the physiological and therapeutic actions of drugs, the modern materia medica; official and practical pharmacy; prescription writing, and antidotal and antagonistic treatment of poisoning, by Samuel O. L. Potter, A.M., M.D., M.R.C.P., Lond., formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco. Thirteenth edition; revised and enlarged by Elmer H Funk, M.D., Associate in Medicine, Jefferson Medical College, Philadelphia. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. Price $6.

As we consult this book—a work to be looked into daily, like your Bible—we are reminded of Kipling's well-known line in "The American Spirit Speaks"—"home to the instant need of things." Treatment—to do something to relieve the patient.

is the first thing in the suffering patient's estimation; and the doctor is wise who remembers this. After all his efforts to establish a diagnosis—whether made correctly or not—he must prescribe some drug or form of treatment to combat the disease and relieve the distressing symptoms—and often to "do it now." Where shall he look for what he needs, providing he does not "know it all?" To get a quick general idea of what is required, we recommend this book. It is particularly suited for students and young practitioners. The summary of the fly-leaf, given above, outlines the contents of the work. Buy it.

Locomotor Ataxia (Tabes Dorsalis). An introduction to the Study and Treatment of Nervous Diseases, for Students and Practitioners. By WILLIAM J. M. A. MALONEY, M.D. (Edin.), Fellow of the Royal Society of Edinburgh; Fellow of the New York Academy of Medicine; Fellow of the New York Neurological Society; Neurologist to the Central and Neurological Hospital; formerly Professor of Neurology, Fordham University, New York City. D. Appleton & Co., New York. London 1918.

This work acquaints the student with the scientific foundation upon which to rest the practical principles of treatment, and the pathological and physiological studies open the road to a comprehensive knowledge of nervous diseases. The structural lesions are clearly demonstrated and their direct as well as reflex consequences are lucidly portrayed, and also the psychological variations which result from these lesions are graphically reviewed. Indeed a mastery of the teachings of this little book will serve to dispel so much that has been vague and indefinite, not only in reference to Locomotor Ataxia, but also in reference to other motor, sensory and mental manifestations which attend syphilitic infection. In less than three hundred pages the author has contrived to conduct his readers by easy stages through the intricacies of even a larger field of study than that presented by Tabes, and he has done it in such a way that they will gladly welcome his further efforts in that direction.

A Manual of Histology. By Henry Erdmann Radasch, M. Sc., M.D., Assistant Professor of Histology and Embryology in the Jefferson Medical College, and Instructor in Anatomy in the Pennsylvania Academy of Fine Arts. With 307 illustrations. Philadelphia: P. Blakiston's Son & Co.

The predecessor of this volume was in the nature of a *quiz compend.* It was utilized as a basis for the present work, and has been incorporated into the text of the manual. The work is profusely illustrated, is simply written, is printed in very clear type and is of a size which lends itself admirably to ready reference. It will no doubt prove popular with students and practitioners who desire a concise but not cumbersome exposition of the subject.

American Addresses on War Surgery. By Sir Berkeley Moynihan, C.B., Temporary Colonel A.M.S., Consulting Surgeon, Northern Command. 12mo of 143 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $1.75 net.

This book of 143 pages consists of a series of addresses given by Surgeon-General Sir Berkeley Moynihan during a recent visit to America. They include the following essays: 1. The Causes of the War. 2. Gunshot Wounds and their Treatment. 3. Wounds of the Knee-joint. 4. On Injuries to the Peripheral Nerves and their Treatment. 5. Gunshot Wounds of the Lungs and Pleura.

The first essay on the causes of the war was a convocation address to the American College of Surgeons, and is a forcible arraignment of Germany in her attempt to impose tyranny and oppression upon the world at large. The other essays on the treatment of wounds and of injuries produced in war to nerves and to the lungs and pleura will be found extremely interesting, and constitute a valuable contribution to the evolutionary methods now employed as a result of surgical experience obtained at the front.

This little book will be read with great interest by the large body of surgeons working in this now extensive field.

Pulmonary Tuberculosis—A Handbook for Students. By Edward O. Otis, M.D., Professor of Pulmonary Diseases and Climatology, Tufts Medical School, Boston. Pages, 220, with 19 illustrations. W. M. Leonard, Publisher, Boston 1917.

This is an excellent monograph for the student. The chapters on Anatomy, Physiology and Diagnosis are sound. His historical references make reading interesting. His treatment is clear and thorough, though the paragraph on Tuberculin is too concise as is that on Pneumothorax. The lack of imprint of title on the back is to be regretted. The work may be recommended not only for the student, but as well for the practitioner as a handy reference book, covering not only diagnosis, but general and special methods of treatment, and the treatment of special symptoms.

Tumors of the Nervous Acusticus and the Syndrome of the Cerebellopontile Angle. By Harvey Cushing, M.D., Professor of Surgery at Harvard University. Octavo of 296 pages with 262 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $5 net.

This work by Professor Harvey Cushing is one of very great value because it is a monograph containing a careful review of his wide experience in this difficult field of surgery. Professor Cushing gives a most interesting historical review of the work done in brain surgery, beginning with individual cases of tumor described at long intervals during last century. It was not, however, until the early part of this present century that much progress was made in the development of this field for operative work. No one has done more to advance our knowledge or to improve our methods of treatment in these cases than Professor Harvey Cushing himself. His wide experience is shown by the fact that he analyses for his purpose no less than 784 cases of intra-cranial tumor, which have been under his own personal observation. Of these 134 were lesions in the posterior fossa.

It is not necessary in this brief review to describe the work in detail. The author has given case reports in a large number of instances, which illustrate his work and his results. There are excellent illustrations showing both the gross and microscopic appearances of the tissues. There is a full description indicating the various details of the operative procedure as undertaken by Professor Cushing in the technic which he has himself elaborated. The value of the work is further enhanced by a full bibliography.

The book as above presented is a splendid testimony to the skill and ability displayed by Professor Harvey Cushing, who is to-day ranked among the most eminent of living authorities on brain tumors. This work must be consulted by all surgeons who are working in this difficult and important field of regional surgery.

The Roentgen Diagnosis of Diseases of the Alimentary Canal. By Russell D. Carman, M.D., Head of Section on Roentgenology, Division of Medicine, Mayo Clinic; Professor of Roentgenology "Mayo Foundation," etc.; and Albert Miller, M.D., First Assistant in Section on Roentgenology, Division of Medicine, Mayo Clinic, Fellow in Roentgenology, "Mayo Foundation," etc. With 594 original illustrations. Pages, 541. W. B. Saunders Co., Philadelphia and London, 1917.

The important part played by the Roentgen Rays in diagnosis of disease is universally recognized. In obscure conditions of the Alimentary Canal Roentgenology is simply indispensable, and should never be neglected. Those who employ Roentgenology will find this volume of great service, and it will be of equal value to those who rely upon others for the employment of this diagnostic measure. The Mayo Clinic has a more than continental reputation, and the volume is recommended to all who are concerned in diseases and injuries of the alimentary canal.

*THE STROLLER—CIGARETTES OR CHOCOLATE

Say, I ain't going to stir up any ruction against the Government, and I don't want any of you fellows to rise up on account of what I say, and take an army to Washington, but there's one thing I'd like somebody to explain to me, and that's why everybody in the Government thinks it's more important for the boys in the trenches to have cigarettes than it is to have chocolate.

There's the thing that's been stirring in my buzzom for a long spell.

Why think of it! Cigarettes are the things a lot of states were passing laws against just before the war! Going to keep 'em out like they were poison! "Coffin nails," they called 'em, and "dope sticks," and "cigarette fiends," and all that. Every little while you'd run up against pieces in the paper by big guys like Edison and Schwab, and Rockfeller, "I would't have a man in my employ that smoked cigarettes."

And now, begad, they can't get enough of 'em to send across. The chap that smoked 'em didn't use to be good enough to keep a dinky set of books, but he's good enough now to fight the whole of Germany! In fact, he ain't any good without 'em, seems like.

By gad, it don't seem possible, does it? Talk about this war being brought on by men that make shells, what about it being brought on by men that make cigarettes? They're turning out millions of 'em every day. Cigarette fiends made while you wait.

And at the same time—listen to this now—at the same time, we've been cut down on candy and for a while we could only get half as much sugar as we needed. It's some better now, but it ain't anything like right yet.

It don't look good to me at all. Not at all.

If you ask me, I'd a heap rather go over the top with a mouthful of good old chocolate than with my mouth full of cheap cigarettes. Maybe they think if all the boys on our side smoke cigarettes when they go over the top, the Germans'll get

*Courtesy of the "Confectioners' Journal."

it and choke to death. I hadn't thought of that, maybe there's something in it.

I happened to run across a sailor boy in a train last week. He sat in my seat, and we got to chinning about one thing or another. Him and me had a good bit in common. Of course he's been across the Atlantic, and I often dream I'm taking a sea trip, so we was two seafaring men together. He did some kind of fighting over there. It was something he told me that got me started on this talk.

"The thing that peeved me most while I was over there," he said, "was that I couldn't get half enough chocolate. They seemed to think all you needed was cigarettes. I don't smoke cigarettes. Since I got back here I been eating candy by the peck."

There you are. They could have cheap dope but they couldn't have chocolate. It's a fine sight ain't it?

The other Saturday afternoon when I got home, I stumbled in my house on a meeting of women—Red Cross women, or something. My wife is up to her neck in it. I shuffled right in the room, looking pretty rough, I'll bet, before I saw it.

"Ladies," said my wife, "*this* is my husband." Just like that—"*this* is my husband." Just as if the word "thing" ought to have been in there after "this."

"You didn't look very gracious when I introduced you," she said to me after they'd gone.

"Who would?" I came back. "You didn't have to put the accent on '*this*' did you. Ladies, '*this*' is my husband.' That was a cute thing to do, wasn't it?"

All she did was to giggle like a chessy cat. But I'm ahead of my story.

The women were fixing up kits to go across. They had some knit things, and a lot of other stuff, and a mess of those blame cigarettes. Not a gum drop! I'd just come from the talk with the sailor and the sight of 'em made me hot.

"Why don't you ladies send chocolate instead of cigarettes?" I said. "I don't know whether any of you have got sons over there, but do you like to think of 'em doing their fighting on dope? Suppose they were home and were leaving to go to the city to make their start, would you give 'em a

bunch of cheap cigarettes to speed 'em on their way? Not on your life you wouldn't!"

Maybe I got a little loud toward the end, but I don't care if I did. Nobody said anything for a minute, and then one of 'em said, "Why we can only send what we're told to. They tell us to send cigarettes, and they don't say anything about chocolate."

"My husband's in the chocolate business," said my wife, trying to fix it up.

"Oh, it ain't that at all!" I said. Then I told 'em what the sailor'd said, and it seemed to get over with 'em.

"Maybe we could put some chocolate in these kits," one said.

"You'd better not, you'd better not," said another. "If you do, the chance is they'll all be turned back."

And begad, she's right, too. If those guys in Washington saw anything good going over, Lord only knows what they'd do.

I'll tell you what let's do after the war. Let's put everybody in jail that eats chocolate, and teach 'em to smoke cigarettes in the public schools. Girls too, no reason why they should be shut out of a bully good thing like cigarettes.

THE STROLLER.

Inserted by Willards Chocolates, Limited, Toronto.

SEVENTEEN more Ottawa physicians appeared before Magistrate Askwith in Police Court, charged with having failed to register the births of children, at which they had officiated, in accordance with the section in the Vital Statistics Act, which provides that these births shall be registered "forthwith." Sixteen were fined.

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:
ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:
W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:
J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:
PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIV. TORONTO, SEPTEMBER, 1918 No. 3

Editorial

FOOD ESSENTIAL FOR WINNING THE WAR

THERE are several factors which enter into the question of winning the war: man-power, artillery, strategy, morale, and so on. But there is one factor lacking which defeat is certain: unless men are well fed they cannot fight; so that ultimately the entire problem resolves itself into one of food supply. Moreover, it is obvious that upon the people of this continent is placed the burden of providing the food necessary not only to support the men in the allied armies in good fighting condition, but also to maintain the civil population of entente countries in good working condition. The outcome of the war is dependent upon the ability of the workers to turn out munitions and fighting equipment. And thus, viewed from every standpoint, the result hinges upon food. The inhabitants of the United States and Canada have not thoroughly grasped as yet the indisputable

cogency of this argument. Education is needed to drive home many facts concerning food of which the man in the street is ignorant, and it is the duty of journals, and especially of medical journals, to disseminate such knowledge.

A very excellent educative number, from this point of view, has been published recently in *American Medicine* for June. It contains articles bearing on Food and Diet in Health and Disease by some of the best known authorities of Great Britain, the United States and Canada. The papers dealing with dehydration by Major W. E. Fitch, M.D., M.R.C., U.S.A.; with the place of milk and vegetables in the diet by Professor H. C. Sherman, Columbia University, New York; with army rations by Dr. W. H. Newcombe, New York; with diet after forty by Dr. Adam H. Wright, Toronto; with pasteurization of milk by Dr. Chas. J. Hastings, Toronto; and with vitamines in relation to dietary problems of the war by Dr. A. Bruce Macallum, Toronto, are especially worthy of notice. The entire contents of the number may be read, marked, learned and inwardly digested by medical and lay readers with a good deal of advantage to themselves and of greater advantage to the country. Opinions as to food and diet must be considerably revised and acted upon if Canada is to do her whole duty in the matter of food towards the Empire, and the special number of *American Medicine* will supply much greatly needed information on the subject.

JOHN TAYLOR GILMOUR

Entered into rest, July 29th.

IN the quietness of his garden, in the fragrant beauty of a summer day, the earnest soul of a man went with a smile, which lingered on his face, out to meet the great adventure. A friend, whose memory will always be deeply cherished, a dreamer, a philosopher, and yet a man who accomplished so much in the years he was given to serve, that not only this, but other generations to come, will call him blessed. To the poor man, "down and out," Doctor Gilmour was helpfulness personified, to the hopeless he was courage, to the convict he was a prison reformer, and along the line of prison reform the wonders he achieved are innumerable. He knew and loved books, and he knew men and read like an open book their character. He knew when to frown, but he knew better when to smile; he got out of life much of its reflex sadness and pathos, but more perhaps of its humor. Many public honors and offices sought out Doctor Gilmour, and he filled them well; but it is as a friend to man his great soul would prefer to be remembered, and this rhyme of the heart seems to embody his life's wish:

"Let me live in a house by the side of the road,
Where the race of men go by;
The men who are good and the men who are bad,
As good and as bad as I.
I would not sit in the scorner's seat,
Or hurl the cynic's ban—
Let me live in a house by the side of the road
And be a friend to man."

145 College Street. —W. A. Y.



THE LATE DR. J. T. GILMOUR

Society Proceedings

THE AMERICAN MEDICAL ASSOCIATION

The Chicago meeting of the A. M. A., despite the war, was a big success. More of our Canadian medical men ought to go to these meetings. Dr. "Charlie" Mayo presided. He advocated the formation of a Federal Ministry of Health. In Washington, there is the Public Health Service, under the Treasury Department; the Children's Welfare Bureau, under the Department of Labor; the care of the insane, under the Department of Interior. These departments ought to be amalgamated under a National Board of Health.

The Committee of the Association on Health and Public Instruction reported that the war activities would stimulate interest in public health work. A sub-committee, which cooperates with the National Education Association, reported the distribution of 8,000 "Health Charts." The Committee on Women's and Children's welfare reported that they had secured the interest of the State Fairs in making a provision for child welfare.

There are now some 44,715 Fellows in the A. M. A. There are 67,315 subscribers to the *A. M. A. Journal.*

The Treasurer's report showed a surplus at the beginning of the year of $382,135.69; at the end of the year of $423,433.87, an increase of $41,298.18.

One interesting item reported on by the Judicial Council was the application from the University of Minnesota for a ruling on an arrangement whereby the University and the Mayo Foundation Fund should share in the proceeds of the sale of "Thyroxin," a medicament discovered by one Kendall, of the Mayo Clinic. We are glad to state that the Council gave as its opinion that such an agreement would be unethical for both Institutions.

Dr. H. D. Arnold, of Boston, for the Council on Medical Education, commented on the high plane of medical education in the United States, due to the propaganda of the Association and that of the Rockefeller Institute. The private medical college is practically eliminated. A compulsory interne year should be required, and a pre-medical course of two years, and there ought to be a more general and larger use of practical laboratory and clinical tests in the State Licensing Examinations. A new classification of medical schools should be made as soon as circumstances would permit—on actual conditions now existing in the schools. The Council recommends continuous sessions in medical schools during the war, in order to turn out more doctors and faster. There was no vacation for the boys in the trenches nor for the medical officers—why should there be for the medical students.

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION

This Association was incorporated by the Dominion Parliament in February, 1913. It was organized at the Winnipeg meeting of the Canadian Medical Association in 1901. When any medical practitioner becomes a member, he is defended against cases of alleged malpractice. The annual fee is but three dollars, with half rates from July 1st. Any member of the Canadian Medical Association in good standing may be enrolled on payment of the annual fee. Dr. J. F. Argue, 116 Nepean Street, Ottawa, is Secretary-Treasurer.

ASSISTANT WANTED

A Practitioner in Toronto of forty years' standing, desires to secure an assistant. Might dispose of part of his Practice. Apply at once, Box "B," Canadian Journal of Medicine and Surgery.

News of the Month

THE PASSING OF THE OLD (DR.) GWYNNE HOMESTEAD

The echo of a bell that was rung nearly three-quarters of a century ago to call the laborers in the fields to their meals was heard in West Toronto recently. It resounded amid modern homes and busy factories and through broad, paved streets. It challenged the sharp clang of the trolley car and the hum of the rushing wheels of industry.

Years ago when the clear sounds of the bell carried far over the hills at noon and eventide West Toronto was a quiet and lonely farming country of fields of grain and pasture and timber lands. Here and there over that wide expanse a farmhouse nestled among towering trees. Narrow, winding roads led to the nearby town of York.

The bell rang out again, and from the same spot, in the shadow of the old homestead, where it had sent its welcoming call to the toilers of the soil back in the early years of the last century.

The ringing of the bell was rather a tolling. It tolled the passing of an old homestead, which stood for years in the solitary countryside, and then, as the town, later the city of Toronto.

This property, for many years now surrounded by modern factory buildings and fine residences, was the homestead of the late Dr. William Charles Gwynne, and at one time stood in the midst of his large farm. It extended from what is now Temple Place, south to Springhurst Avenue, and west from Dufferin Street to Tyndall Avenue.

Nearly 75 years ago Dr. Gwynne built the picturesque cottage, which resembled an Indian bungalow, on Temple Avenue, just west of Dufferin Street, now torn down. After Dr. Gwynne's death, his daughter, a maiden lady and the sole surviving member of the family, lived in the cottage until she died in 1910. A few years ago the homestead was sold and the

property sub-divided into building lots. The plot on which the old home stood, however, remained untouched until recently, when preparations were begun for the erection on it of two duplex apartment houses.

Men and women have been inspecting the thick, strong walls, and noting the peculiar manner in which the house was built. The mortar in stone foundation of the cottage is as hard as the stone itself. Some of the joists in the walls are 40 feet in length, and the window jams measure a foot each way, and the sills 8 inches by 16 inches. The windows were the old-fashioned casement style, with a double sash and two sets of glass. The walls are over 1½ feet thick, and consist of clay, hard as rock, straw and a layer of lath and plaster on both sides. Several large iron plates were inserted about half way up the walls to make the building more solid.

The cottage contained seven rooms, a large living-room, dining-room, kitchen, two big pantries, and a hall 18 feet wide, on the first floor, and three bedrooms on the second floor. Years ago a coach house, large barn, and other buildings that were on the farm were torn down.

Mr. and Mrs. John B. Mair, who live next door to the cottage on Temple Avenue, were for several years its caretakers, and many rare old articles from the homestead are in their possession. Among these are a stove about 150 years old, a three-legged iron kettle brought from Ireland, the big copper bell and a Bible given to Dr. Gwynne by his father when he left home. For many years Miss Kate Clancy, now Mrs. Burke, of Arthur Street, lived with Miss Gwynne and has many pleasant memories of the old homestead.

Dr. Gwynne was born in Castle Knock, Ireland, in 1806 the son of Rev. William Gwynne, D.D., an Irish clergyman. Early in 1832 he took his degree at Edinburgh, and immediately afterwards secured an appointment as surgeon on a sailing vessel about to set out for Canada. He arrived on this side in the spring of 1832, and on July 9, of the same year, was admitted to the practice of medicine in Upper Canada. He lived in Kingston for a few months and then came to this section during the winter of 1832-3.

Shortly after establishing himself in York he bought his farm and erected the old cottage.

DOCTOR, TAKE AN OCCASIONAL DAY OFF

The following correspondence recently reached us from The Mortimer Co., Limited, Toronto, Ottawa and Montreal, and we take the liberty of printing it, as being essentially suitable as advice to the busy medical practitioner, many of whom so seldom "let up" and commune with nature.

"Get away from that desk. In the name of better business, study this suggestion. Get away out where woody banks of a stream curve cool and sweet—where birds forgive you having missed their melody so long. Get away to where black bass hug the rock shadows, or to foam-flecked brooks where wary trout flirt with your floating flies, or to cool lakes where pickerel play havoc with tangled lines among lily-pads.

"Get away to where the drone of bees and balmy breeze lures you to loaf in lush grasses and to day-dream or drowse awhile—where the nursing lap of mother earth soothes the ache of busy brain. Wade in the water, else you miss a joy. Get wet, get hungry, get tired—and grow happier.

"And, before you turn your feet toward home, cover the fish in your creel with green tree leaves and pick a couple of handfuls of the wistful wildflowers that hide behind logs, gracing them with the tender fronds of lace-like ferns, and take them home to *her*. They will make her happier than a gem from Araby. You'll be a bit weary, even muscle-bound—but, oh, man, watch the next week's work! For the sake of efficiency—get away from that desk for a day. It'll make you a better fighter in the battle of business that is so vital in the sterner struggle of Boche-beating."

Drs. A. Alton and N. N. Kirkup were recently appointed House Surgeons at the Isolation Hospital, Toronto, at a salary of $600 per year.

The Toronto City Council, a few weeks ago, refused to allow the Governor's residence at Toronto Jail to be converted into a Measles Hospital, refusing also to consider Ald. Risk's plea for a measles hospital.

Militia and Naval Medical Services and Ambulance

Lieut.-Col. W. G. Anglin has received the appointment of Chief Medical Examiner for the Kingston District for the Board of Pension Commissioners. He served in Egypt with the Queen's University Hospital, and owing to physical disability was discharged and pensioned.

The Ministry of Militia's decision to retain Col. A. E. Ross, of Kingston, by giving him the special office of Assistant Director of Medical Services with General Headquarters, instead of allowing him to accept the offer of the Fifth Army Medical Command, will be received with mixed feelings within the Canadian Corps.

There is a considerable desire that the higher army commands and positions should be more freely open to Canadians. Now, when the Canadian Government refuses to allow the transfer of the first Canadian to be offered a major-general's position on the army general staff, there is a feeling that a great opportunity has been thrown away.

For the second time in a week Sudbury was the scene of a drowning fatality. Police Constable John Reilly, of the Copper Cliff force, on August 7th, recovered the body of Dr. E. J. Leary from Meat Bird Lake.

Dr. Leary was 28 years of age and a native of Cooksville, near Toronto. He was a member of the 1917 medical class of Toronto University, and after graduation he enlisted with the C.A.M.C., with which he saw two years' service in France. At the time of his death he was attached to the medical staff of the Canadian Copper Co. His remains were forwarded to Cooksville for interment.

Mr. J. B. Fetherstonhaugh, K.C., has offered the Dominion Government his fine house and grounds on the Lake Shore Road for use as a soldiers' home or hospital.

At a meeting of the Medical Faculty of Laval University, held on August 7th, Dr. L. De Lotbiniere Harwood was elected Dean of the Faculty, replacing the late Dr. E. P. LaChapelle.

Dr. J. Milton Cotton, of 20 Bloor Street East, died suddenly in Wellesley Hospital on August 11th, after a brief illness.

The late Dr. Cotton was a Coroner of the County of York, and Senior Surgeon of Grace Hospital. He was born at Simcoe in 1860, son of the late W. J. and Sarah Ferguson Cotton; educated at the University of Toronto, Edinburgh University, and Victoria University. He held many positions in the medical world, and was on the retired list as a Major of the Canadian Militia.

Col. H. S. Birkett, C.B., Dean of the Faculty of McGill University, and Professor of Oto-Laryngology in the University, has been honored by being elected unanimously as President of the American Laryngological, Rhinological and Otological Society at its meeting held in Atlantic City on May 25th. This is the first occasion that a Canadian has received this distinguished honor, which is doubtless in some part a recognition of his services in the great war. Col. Birkett is to be congratulated on this well-deserved honor.

Two Toronto medical officers, Capts. D. T. Fraser, M.C., and W. G. Shepherd, who have been with a British expedition at Wei Hai Wei, China, have been cited in orders from headquarters at Ottawa and commended for their valuable services rendered to the expedition and the natives in that area.

In the results of the first year in medicine at McGill University, to which women students have just been admitted, the lists are headed for the first time by a woman, Miss Jessie Boyd, B.A. Two of the four women enrolled have secured aggregate honors in all subjects, and the other stands thirteenth on a pass list of seventy-two students.

Drs. J. F. Adams and Smirlie Lawson, of Toronto, were recently admitted members of the Royal College of Surgeons, England.

A fourth Medical Board of Review has been appointed to sit in Toronto, composed of Lt.-Col. Bascom, Oshawa, President; Capt. C. C. Fisette, Brantford, and Capt. R. J. Gibson, Sault Ste. Marie.

Capt. W. E. Ogden, Chief Medical Officer of Spadina Military Hospital, Toronto, has been promoted to the rank of major. He was connected for many years with the Mississauga Horse prior to the war, and since the opening up of the Spadina building has been the Chief M.D.

The successor to Dr. C. A. MacKay as M. O. of the Invalided Soldiers' Commission is Dr. Grant C. Cunningham, a former A. M. officer who has returned from active service. Dr. Cunningham was also connected with the work of the M. H. C. C. at Spadina Hospital and Queen's Park, Toronto.

Col. A. E. Snell, A.D.M.S., of the Third Canadian Division, B.E.F., who received the Distinguished Service Order two years ago, in June of this year was awarded the Order of Companion of St. Michael and St. George. Col. Snell belonged to the permanent Army Medical Corps when the war broke out, and left with the First Contingent. He is still in France. He is a son of Mrs. Snell and the late S. J. Snell, of Bolton, Ont.

The University of Toronto has conferred the Degree of Doctor of Public Health upon Lt.-Col. George Nasmith, Director of the Civic Laboratories. Dr. Nasmith has just returned from France, where he has been engaged on army sanitation work, on which he has written a valuable book. He is now entitled to the letters C.M.G., M.A., Ph.D., D.Sc. (honorary degree conferred a year ago), and D.P.H. He graduated from Toronto University in 1900.

Sir William Collins, M.P., who was the first to advocate motor ambulances in a report he presented to the L.C.C. in 1902, last year designed a motor operating theatre, having been impressed by his visit to the Yser front in November, 1914, of the need of such prompt surgical aid to the wounded. The Wounded Allies' Relief Committee arranged for the construction of two motor theatres, or field surgeries, in accordance with this design, and presented them to the Belgian and Italian armies respectively.

A recent report received from Surgeon-General Melis, of the Belgian Service de Sante, states that the operating theatre, which is placed at an advanced post, is working in perfect order, and is rendering the greatest service, and he expresses his deep gratitude to the committee for their gift. A third motor operating theatre of similar design has recently been presented to the Greek Government.

The British Army have not yet adopted the system, though they have accepted one motor theatre, and Sir Alfred Keogh has expressed his approval of Sir William Collins' design.

Capt. A. E. McCulloch, of the Royal Army Medical Corps, who recently spent a month's leave with his father at 96 Walmsley Boulevard, Toronto, told a thrilling tale of an accident that befel Flight.-Lieut. Keith McDonald, a London, Ont., man, who, with his pilot, fell with their machine from a height of 4,000 feet and escaped serious injuries. This, in spite of the fact that the machine was completely demolished and no part of it could be salvaged. "Lieut. McDonald and his pilot had received an invitation to a neighboring aerodrome," said Capt. McCulloch, "and had dressed up for the occasion. They first had to do patrol duty, and were thus engaged when a stray British shell hit their machine, breaking both wings. Down they came from a height of 4,000 feet, until, on the spur of the moment, the pilot opened wide the throttle of the engine and this acted to some extent in breaking their fall. After the machine crashed to earth, Lieut. McDonald and the pilot were picked up unconscious, but both escaped without fractured bones. When I left, Lieut. McDonald was getting along nicely

in hospital." Capt. McCulloch went overseas in January, 1916, and he served for some time on hospital trains, carrying the wounded back from the firing lines. He has been awarded the Croix de Guerre by the French Government. In a train accident he suffered a broken leg and other injuries. The trip across the ocean was made on the Corsican, which made the entire voyage without convoy. No submarines were sighted. The Corsican passed under the Quebec bridge the day after the centre span was placed in position. Before enlisting Capt. McCulloch had a practice at Oshawa. His brother, Capt. Percy McCulloch, of Belleville, is an eye specialist with the R.A.M.C., and a sister, Miss Ella McCulloch, is in a hospital in England.

DR. RANKIN APPEALS

Application has been made to quash the judgment of Police Magistrate Makins, Stratford, in the recent case of the King *vs.* Dr. J. P. Rankin, wherein the doctor was fined $50 for issuing a prescription for a quart of liquor. The case will come up for trial at Osgoode Hall, Toronto, on September 17. This is the only procedure open under the Ontario Temperance Act, as there is no appeal in the ordinary way from a magistrate's decision.

DR. E. P. LA CHAPELLE

Dr. E. P. La Chapelle, Ex-Controller of the City of Montreal, died on August 1st at Rochester, Minn., whither he had gone for treatment at the Hospital of the Mayo Brothers.

The late Dr. La Chapelle, who was 73 years of age, was practically the founder of Notre Dame Hospital, the Dean of Laval Medical Faculty, the Vice-Chairman of the Emergency Health Organization in 1885, and since then President of the Provincial Board of Health, and President of the Dominion Medical Council.

Selected Articles

TREATMENT OF SYPHILIS WITH GALYL

ANALYSIS OF A RECENT THESIS BY DR. PAUL RICHARD, SURGEON MAJOR IN THE FRENCH ARMIES.

GALYL is an organic arsenical derivative, a substitute for Salvarsan and Neo-Salvarsan, its superiority to the latter consisting in its lesser toxicity, absence of congestive and neurotropic action, greater activity and almost instantaneous solution.

Method of Use—Doses.—The author has had occasion to observe and treat with Galyl twenty-eight cases of various syphilitic manifestations, all of which were in the primary or secondary stage. The results were excellent, the drug was well tolerated, the improvement was rapid, the symptoms disappearing in a very short time.

Galyl was used exclusively in the form of intravenous injections of a concentrated solution, the same as with Neo-Salvarsan.

Dr. Paul Richard administered a series of injections of gr. 0.20 Galyl, with an interval of 4 to 5 days between each injection, sufficient for the complete elimination of the drug. The patients usually showed continued negative Wassermann after the fourth injection. The injections were then administered only every 5 or 6 days until the patient had been given 2 grammes of Galyl.

Reactions.—The injections were well tolerated and the occasional reactionary symptoms were never of a disquieting nature. Galyl is much better borne than the other arsenicals. It has never been known to cause induration of the veins, diarrhea, albuminuria or nervous reaction.

Therapeutic Results, Primary Manifestations.—The time required for complete healing naturally depends upon the ex-

tent of the lesion. Small chancres, simply erosive and uncomplicated by phagedena, heal in from four to eight days; medium-sized chancres require from ten to twelve days to heal, but their appearance improves immediately after the first injection. They become flattened, their surface becomes dry and covered with epidermis. The very large, ulcerative, phagedenic chancres heal much more slowly. Owing to the secondary infection which complicates the syphilitic infection, repair in these cases may require from twenty-five to thirty days. The induration usually disappears in from ten to fifteen days after the chancre has healed. The concomitant adenopathy (enlarged and indurated lymphatic glands) takes longer to disappear.

Secondary Manifestations.—The action of Galyl on the secondary symptoms is very decided. The progress of the disease seems to be stopped short when the latter is taken in time. Cases of chancre treated from the onset developed no roseola nor mucous patches or at all events not during the interval, in some cases quite lengthy, between the inception of treatment and the date of publication of this article.

The roseola as a rule yields slowly; in some cases, however, it disappears in from two to three days; usually this occurs only after eight to ten days.

The erosive mucous patches heal in from two to four days. the hyperthrophic mucous patches disappear more slowly; it requires four to five days for their subsidence, and the disappearance of the infiltration. There then remain only a few bright yellow maculae which slowly disappear. Hypertrophic vegetative mucous patches (condyloma latum) yield in six to eight days, although healing of the tissues begins much earlier, as the pain disappears on the evening of the day of the first injection.

Conclusions.—Briefly then, Galyl is a powerful antisyphilitic drug, easily manipulated and harmless when properly administered. It seems to be more active than the other arsenical derivatives now in use. It is particularly advantageous for the Allies to possess a drug of this nature which they may use in preference to Salvarsan, Neo-Salvarsan and imitations of these preparations, thus excluding all German products and nullifying the moral effect that might be derived therefrom.

The Physician's Library

The Seriousness of Venereal Disease. By Sprague Carleton, M.D., F.A.C.S. New York: Paul B. Hoebner.

The author could not have chosen a more timely period in the world's history in which to get out a book, small or large, on venereal disease. Never has so much public interest been aroused to this public menace as now, and if Dr. Carleton but succeeds in increasing this interest and showing both sexes the awful seriousness of this type of disease and its results to generations yet unborn, he will have accomplished his object.

Frenzied Fiction. By Stephen Leacock, author of "Further Foolishness," "Nonsense Novels," "Literary Lapses," etc. Toronto: S. B. Gundy. New York: John Lane Company. London: John Lane, The Bodley Head. 1918.

We know of no book that will help to while away an autumn evening so pleasantly as "Frenzied Fiction." It is thoroughly amusing, brimful of humor and will hasten the convalescence of even a grouch. If you don't buy it, you will miss a great treat.

Dere Mable—Love Letters of a Rookie. By Edward Streeter, 27th (N.Y.) Division. With 35 illustrations in black and white, by G. William Breck ("Bill Breck"), 27th (N.Y.) Division. Toronto: William Briggs.

The postage stamp of the war! one might venture to call Bairnsfather's sketch faces, and so one adorns the front cover of these unique letters addressed to "Dere Mable." Why anybody ever wrote them, the author only knows. Why anybody (by the hundreds) ever reads them, nobody knows, except that Tom Hood has said, "No fool hath written, but some fool hath read." We solicit your patronage, kind peruser of this column—read, and we hope your reason will not sound too rude to repeat.

Equilibrium and Vertigo. By Isaac H. Jones, M.A., M.D., Laryngologist, Philadelphia General Hospital; Instructor in Neuro-Otology, University of Pennsylvania Medical School; Major, M.R.C., U. S. Army. With an analysis of Pathologic Cases, by Lewis Fisher, M.D., Laryngologist and Otologist, Mt. Sinai Hospital, Philadelphia. Adopted as standard for Medical Division, Signal Corps, Aviation Section, by Surgeon-General and Chief Signal Officers, U. S. Army. With 130 illustrations. Philadelphia and London: The J. B. Lippincott Company.

The authors of this work are to be congratulated on the result of their work. The volume is particularly timely, in view of the necessary interest being now taken, especially in Allied countries, in the development of aviation, as it has been proved beyond question that without functionating internal ears it is impossible for an individual to be a good bird man. The chapter devoted to "The Ear and Aviation" is exceedingly interesting, the author showing that if any young man, desirous of entering the Flying Corps, is deficient in his ear balance-sense, he is not only a danger to the service but unnecessarily imperils his own life. The chapter, "The Ear and the General Practitioner," should be read carefully by every physician. It goes fully into vertigo and its causes, ear lesions, intra-cranial lesions, toxemias, etc. The J. B. Lippincott Co. have "done themselves proud" in the way in which they have done their part of the work, as the volume from a typographical standpoint could hardly be excelled.

The Role of the Internal Secretions in Promoting Digestion.

This is a small booklet recently published by Messrs. Reed & Carnrick, Jersey City, N.J. After looking it over, we would suggest that any physician not having already received a copy should write to the firm, as it is well worthy of a careful perusal. It has been written in a most scientific manner and goes into the question of the Internal Secretions very fully and yet interestingly. It is published on very fine coated paper and is certainly a credit to its publishers.

The Treatment of War Wounds. By W. W. Keen, M.D., LL.D., Major Medical Reserve Corps, U. S. Army; Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second edition, reset. Philadelphia and London: W. B. Saunders Co. 1918. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

It is very seldom indeed that a book has to be reprinted in so short a period as six months, on account of the first edition becoming exhausted. It certainly says a great deal for the quality of its contents. Dr. Keen's "Treatment of War Wounds" should prove of especial interest to A. M. C. men. The chapters devoted to The Transportation of Wounded, The Carrel-Dakin Method, The Localization and Removal of Foreign Bodies, and Hospital Gangrene, are particularly interesting, and we feel that Dr. Keen's second edition will last an equally short time as did the first.

The Narcotic Drug Diseases and Allied Ailments—Pathology, Pathogenesis, and Treatment. By George E. Pettey, M.D., Memphis, Tenn. Illustrated. Philadelphia: F. A. Davis Company, publishers.

Now that the narcotic problem is becoming more acute by reason of the war, it behooves medical men to know something of narcotic addiction and the principles governing its treatment. For many years about the only work of reference on this side of the Atlantic was that of Crothers, but this had become somewhat antiquated; so that the publication of Dr. Pettey's book supplies real need. Dr. Pettey lays much stress on purgation by the use of a physiologically balanced purgative—*i.e.*, one that acts on the muscular, secretory and nervous mechanisms. One he uses, *e.g.*, consists of calomel gr. iiss, powdered cascara sagrada gr. iiss, powdered ipecac gr. ¼, strychnine nit. gr. 1-32-gr. 1-34, atropine sulphate gr. 1-200. One of such he administers at 4, 6, 8 and 10 p.m., fasting. He keeps up the opium until the intestinal canal is well evacuated by such purgation. Then he stops the drug suddenly and administers hyoscine or one of its congeners in doses dependent upon the amount the patient can stand. This tides the patient over the critical period. The author places great

value on strychnine in the treatment of these cases. He bases his treatment on the fact that the pathological process is essentially a toxemia. He strongly opposes the gradual reduction method. Dr. Pettey reviews the literature of the subject and criticizes the treatment endorsed by Lambert by saying that the objection to the latter's teaching consists in his absence of definite statement as to pathology, classifying the disease as a vice, and overestimating the importance of the so-called craving, that the so-called "specific" is not a specific; the failure to provide for physiological stimulation of the motor function of the bowel, an essential to bowel movement; the excessive use of secretory stimulants of an unnecessarily drastic type. The writer of this review is quite in accord with Pettey's objections to the Lambert teaching. Dr. Pettey devotes a chapter to physical training, which has for its object the transformation of the newly acquired flesh these cured patients put on into firm muscular fibre. Our readers will find this work very informative.

Neurosyphilis. By E. E. Southard and H. C. Solomon. W. M. Leonard, Boston, Mass.

This excellent work is a valuable addition to the literature on nervous diseases. It is well printed in large, readable type, and the plates and illustrations are very instructive. The citing of several specific cases, illustrating the special affection discussed, makes this book a veritable office clinic. General practitioners will find this book highly interesting and instructive. From the standpoint of a student of nervous diseases it leaves nothing to be desired.—D. C. M.

The Hospital as a Social Agent in the Community. By Lucy Cornelia Catlin, R.N., Director of Social Service Work and Executive Director of the Outpatient Department, Youngstown Hospital, Ohio. Illustrated. Philadelphia and London: W. B. Saunders Co. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto. 1918.

To those who interest themselves in Social Service work in our hospitals, Miss Catlin's book will prove thoroughly interesting. That such work in connection with our large institu-

tions is becoming more and more important, there cannot be the slightest question, and we take pleasure in commending "The Hospital as a Social Agent in the Community" to the readers of THE JOURNAL, to the profession generally, and to all who are anxious "to do their bit" by making more pleasant the circumstances and surroundings of those in humble circumstances who have been recent occupants of a hospital bed.

Collected Papers of the Mayo Clinic, Rochester, Minnesota. Edited by MRS. M. H. MELLISH. Volume IX., 1917. Philadelphia and London: The W. B. Saunders Co. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto. 1918.

Volume Nine of the Mayo Clinic Papers is equal in every respect to its predecessors. It is composed of a number of exceedingly important contributions from such men as Drs. D. C. Balfour, who has many friends in Toronto; E. S. Judd, E. C. Kendall, F. C. Mann, W. J. Mayo, C. H. Mayo, and E. C. Rosenow. The papers cover "The Alimentary Canal," "Urogenital Organs," "Ductless Glands," "Heart," "Blood," "Skin and Venereal Diseases," "Head, Trunk and Extremities," and "Technic." The book is beautifully illustrated with halftones that are a credit to the publishers.

LIQUOR PRESCRIPTIONS

THE Ontario License Board asked a short time ago for the licensed liquor vendors of the province to send in monthly reports of prescriptions they have filled for doctors. The first month's report, that of July, is due, and so far Hamilton and London have sent in their reports.

In Hamilton the reports show that 19 doctors had issued over 50 prescriptions each in a month for liquor, of which number 10 issued over 100 prescriptions each.

In London the figures given are: 12, each more than 50 prescriptions, and 4 of these issued over 100 prescriptions each.

Toronto reports were not in up to the time of going to press.

"This seems to suggest," said Vice-Chairman Dingman, of the Board, "at least an unfavorable opinion of the doctors' judgments."

MISCELLANEOUS

* WINCARNIS

The following comprises the Brief laid before the Ontario Provincial Board of Health at its recent special session, in behalf of Wincarnis, whose proprietors have shown every desire to assist the authorities in their campaign against those proprietary medicines without scientific merit and too high alcoholic content:

As we understand it, this Board, in the exercise of the power conferred on it by the Ontario Temperance Act, is engaged in determining certain facts relating to the composition of a proprietary preparation known as Wincarnis. As interested parties to this enquiry, we present ourselves for the purpose of imparting such information relating to the composition of the preparation as may conduce to a correct determination of the facts.

We are aware of the fact that the power this Board is now exercising was conferred on it after experience had made it manifest that a lay body is not competent to assume such a responsible function. Indeed, we take no little pride in saying that we were among the first—if not, in truth, the first—to urge the wisdom of submitting just such questions as will engage our attention to a body composed solely of medical men. We will say, further, that before the power it is now exercising was conferred on this Board, we repeatedly expressed to the Dominion authorities a willingness to make available to them the highest type of medical talent, to the end that no error be committed in so far as Wincarnis might be concerned.

Viewed in its broadest aspect, the question this Board has been called on to determine is whether the sale of Wincarnis is or is not violative of the Ontario Temperance Act. We respectfully submit that the sale of the preparation is *not* violative of either the letter or the spirit of the Act, and we shall present to you the facts on which we base this contention.

* Publishers' Department.

Viewed in its narrowest aspect, the questions for you to determine are:

(*a*) Does Wincarnis contain sufficient medication to prevent its use as an alcoholic beverage?

(*b*) Does it contain alcohol in excess of the amount actually necessary to act as a solvent?

(*c*) Does it contain any medication which owing to the alcoholic properties of the medicine would be liable to be taken in quantities injurious to health?

We hold that your answer to the first of these questions should be in the affirmative, and that your answers to the second and third should be in the negative. We will present the facts on which we base this contention.

At this juncture, we wish to place the utmost possible emphasis on our determination to rest the merits of our case solely on a chain of incontrovertible facts. We shall not avail ourselves of any partisan testimony; we shall not offer any metaphysical speculations in support of our contentions; we shall not resort to the ambiguous; we shall not make any appeal to your emotions; we shall confine ourselves to just such facts as fall well within the comprehension of anyone who has mastered the subject engaging our attention. We will, we believe, convince you beyond semblance of doubt that our contentions accord perfectly with the concept of the brightest minds of the medical profession—the ones that have contributed most to the progress of this noblest of all fields of endeavor.

We are sensible of the great responsibilty that rests on this Board at this moment. The decision it renders will be a momentous one. We say this not because of any bearing it will have on our own fortunes, but because it will place conclusions arrived at in the library and in the laboratory in contrast with the senseless notions that so often take root in the minds of the laity.

We venture to predict that the reception given the decision of this Board by those who have been trained in medicine or in law will bear no resemblance to that given it by the laity. Herbert Spencer tells us that "the verdict of science is exactly opposite to the popular opinion." It could not be otherwise, for the psychology of the trained mind always differs in the highest extreme from that of the untrained; the trained mind

is habituated to sober reflection; the untrained mind is as responsive to vacillating fads as the weather-cock is to the shifting winds.

At our request for a fitting example of the psychic excesses referred to by Dr. Limerick, he offered what appears in italics as an interpolation in brackets.

[*We are indebted to history for a number of warnings against the danger of mistaking the* psychic storms *of the ignorant for the calm judgment of the enlightened. It is, for example, an historical fact that one of the first forms of religion to absorb the minds of people was what is called "Phallic Worship"; that is to say, the worship of the external sexual organ of the male, the belief being that this organ, the penis, was the exclusive source of all animal creation. It is said that the steeple of the church of to-day is a direct architectural descendant of the huge reproduction of this organ which adorned the first temple of "Phallic Worship."*

As can readily be understood by any student of psychology, this "Phallic Worship" ultimately found expression in the most disgusting forms of fervor. It was, for instance, the custom of the people of this time to bestow the most tender attentions on the dissevered penis of a bull or camel, which, after having been "cured," was often inlaid with precious stones and daily anointed with frankincense and the rarest of perfumes.

History tells us that this form of religious mania eventually reached such extremes that the men, women and children completely abandoned themselves to it and paraded the streets of the ancient city of Memphis with these dissevered sexual organs held in devotional embrace; in fact, this hysteria, or "mass psychosis," spread with such rapidity that the rulers were compelled to suppress it entirely.

The vulgar excesses observed in the distant past do not differ in kind from those witnessed even to this day; they differ only in degree. The common inability to reason beyond the simplest syllogism accounts for the disgusting frequency with which the average mind is impelled to insist on carrying a new reform to preposterous extremes. And since this is true, it is supremely important that legislative bodies should guard against making concessions to the ignorant. The present clamor against medicinal agents containing necessary amounts of alcohol is

nothing more nor less than another fanaticism, which will exhaust itself in due time, to be succeeded by another equally as nonsensical.]

The purpose of the Ontario Temperance Act is open to but one interpretation; its sole design is to prevent the illegitimate sale or consumption of alcoholic substances. There is not one word in the entire Act that invites the inference that the Dominion authorities had in contemplation any interference whatsoever with the legitimate sale or use of substances containing alcohol; indeed, the legitimate sale and use of such substances is specifically provided for in the Act; for a medicine is said to meet its requirements when it does not contain alcohol in excess of the amount actually necessary to act as a solvent.

We have enumerated the questions engaging the attention of this Board. In submitting our answers to these questions, we indulge the hope that we need not concern ourselves with any prejudice against alcoholic substances that may have been instilled in the minds of the laity; we ask for nothing more than a sober consideration of facts that emanate from the most impeccable sources of medical authority.

To the question, "Does Wincarnis contain sufficient medication to prevent its use as an alcoholic beverage?" we answer that it *does*. In a medical sense, which is the only sense in which this Board is authorized to consider this question, a substance contains sufficient medication to prevent its use as an alcoholic beverage when its ingestion in sufficient quantity to satisfy a craving for alcohol is followed by physiologic reactions that could not result from the imbibition of a corresponding amount of alcohol, equally diluted. It is inconceivable that the Dominion authorities had in contemplation the requirement that, in order to prevent its use as an alcoholic beverage, a medicine shall be actually destructive to life if taken in excess of the dose set forth by the manufacturer; for it would be inconsistent with an appreciation of public welfare to substitute a menace of the first magnitude for one of relative inconsiderableness.

To the question, "Does Wincarnis contain alcohol in excess of the amount actually necessary to act as a solvent?" we answer that it *does not*.

When we explain precisely why the quantity of alcohol contained in Wincarnis is *not* in excess of the amount actually necessary to act as a solvent, we will have, we believe, completely overthrown the sole objection that lies against the preparation in the minds of those who have been innocently instrumental in instituting the present proceedings. And to the end that this Board may have the clearest possible conception of the necessity of a definite amount of alcohol in the preparation, we shall, with its indulgence, dwell at some length on the point to which we are now arrived.

One of the important constituents of Wincarnis is a special red wine, which is produced only in a certain part of Spain. It is not necessary for us to enlarge at this juncture on the very high esteem in which red wine has been held as a medicinal agent from time beyond the reach of history. It is, we believe, sufficient to say that the beneficial action of some red wines in certain of what are now termed perversions of nutrition had been proved long before the practice of medicine had attained the dignity of a science.

Although it is true that the use of red wine as a medicinal agent, like that of many other substances, rested for centuries solely on an empirical basis, it is a very significant fact that in no place in medical literature from the day of Hippocrates to the present one has its value as such ever been disputed. The most that can be said against red wine as a remedial agent is that its value as such was conceded long before it was possible to explain its beneficial action to the complete satisfaction of the critical. As a matter of fact, it is not an exaggeration to say that, to this day, there are medical practitioners who have yet to learn why it is that some red wines do prove beneficial in certain nutritional impairments. This need not be wondered at, for even the illustrious Liebig failed to grasp the precise reason why the use of his beef extract is attended with good results in certain conditions.

The singular uniformity with which the red wine used in the production of Wincarnis proves helpful in certain nutritional disorders caused its fame as a medicinal agent to gradually spread throughout that part of Spain in which it is produced; indeed, for more than half a century the entire output

of this particular red wine has been used solely for medicinal purposes.

Impelled by that dauntless inquisitiveness which has unravelled mystery after mystery and caused all educated people to agree that the achievements of the nineteenth century immeasurably outstrip those of all preceding time, medical men addressed themselves to the task of determining just why it is that some red wines do prove beneficial in certain conditions. The tremendous amount of empirical evidence as to the value of these wines which had accumulated during countless generations completely shut off further justification of the argument that belief in their virtues is due to the imagination.

In time, it was discovered that the beneficial action of these red wines is due almost, if not quite, exclusively to the presence in them of xanthins, or so-called extractives. These xanthins are present in the tissues of both plants and animals, and the reactions they induce in the human organism differ, according to the source from whence they are derived. That this is actually the case is evidenced by the well-known fact that mutton extract, for example, has never been made to take the place of beef extract as a medicinal agent.

In the text-books that deal with these xanthins in a cursory manner, it is said that they act as stimulants to the gastric glands, the muscles and the heart. But every pharmacologist worthy of the title is aware of the fact that such a statement is only a part of the truth; they induce reactions in every tissue and organ of the body. When, for example, they are administered in quantities too small to appreciably affect cardiac action, they greatly increase the volume of urine. Again, when they are administered in conjunction with other drugs, they sensibly increase the rapidity and force of the action of the latter; the diaphoretic potency of Warburg's tincture, with which every physician is familiar, is due, in great measure, to the xanthins present in this old mixture.

These xanthins possess no nutritive value whatsoever; animals "fed" only on these xanthins die in a shorter length of time than do those starved to death. This is because they enhance vital activities. Figuratively speaking, they cause an animal to live faster, and, of course, the faster it lives, the sooner it must die. We mention this fact, because we would

not have this Board labor under the erroneous impression that we invite the inference that the extract of beef present in Wincarnis serves as a nutrient; it serves only as a source of beef-xanthins. If we may be permitted to interject a personal opinion, we will say that we regard the popular brands of "beef, wine and iron" as impositions on both the medical profession and the public. The variety of wine used in their manufacture may be said to be almost xanthin-free.

In the production of Wincarnis, the manufacturers deem it absolutely necessary to utilize certain red wine xanthins. And since the particular red wine referred to is the only known source from whence they can be obtained, it must needs be made a constituent of the preparation, for experience has proved that these xanthins are of comparatively little value when administered in isolated form. The percentage of this red wine in Wincarnis cannot be lessened without causing a corresponding decrease in the percentage of these xanthins. It is for this reason that it can be truthfully said that Wincarnis *does not* contain alcohol in excess of the amount actually necessary to act as a solvent.

If there be the slightest doubt in the minds of this Board regarding the value of these xanthins, as they appear in this particular red wine, it will afford us unbounded pleasure to present a sufficient quantity of the wine to dispel this doubt; the richness of this wine in these xanthins is a demonstrable fact.

Messrs. Coleman and Company have utilized this red wine as a medicinal agent for nearly fifty years; hence it cannot be said that its present employment by them is due to any desire to meet a trade condition resulting from the suppression of illicit traffic in alcoholic substances. If it be needful for us to answer such an intimation in the vulgar terms of dollars and cents, we will say that the import tax alone on this particular red wine greatly exceeds the local cost of its alcoholic equivalent. It should be obvious to the most dull-witted that the use of this wine in the production of Wincarnis was inspired by the most praiseworthy motives. Wincarnis possesses nothing in common with the popular brands of "beef, wine and iron," or ordinary proprietary products containing alcohol. To confuse Wincarnis with the products of expediency is to argue oneself obtuse.

To the question, "Does Wincarnis contain any medication which owing to the alcoholic properties of the medicine would be liable to be taken in quantities injurious to health?" we answer that it *does not.* The active constituents of Wincarnis are the glycerophosphates of calcium, potassium and sodium, iron and manganese citrate, malt and beef and red-wine xanthins.

We now make bold to refer to an erroneous impression regarding the design of the Ontario Temperance Act which we observe has become widespread. The purpose of the Act is clearly indicated by its title; its object is not, as many have been led to believe, to interfere with lawful traffic in proprietary medicines. This Board would exceed its authority if it rendered a decision under any such misconception of the Act. We will concede that the medical profession, which is so ably represented by this Board, views with a certain measure of disfavor any proprietary medicine that is offered directly to the consumer. This feeling of the profession is a perfectly human one. Nevertheless, we are confident it will not be allowed to intrude itself into the present deliberations of this Board, for the question to be determined is one of fact, not of professional sentiment.

Having set forth all the facts relating to the composition of Wincarnis, we feel positive that the decision of this Board will be that the residuum of the mixture of misconceptions of the preparation consists solely of just such a mistake as any layman is apt to make when he ventures to deal with questions that are intelligible only to men of medical training.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIV. TORONTO, OCTOBER, 1918 No. 4

Editorials

TEETH AND TONSILS

A QUARTER of a century ago the venerable and level-headed Professor of Surgery in the Toronto Medical College impressed on his students three most important points: The value of high elevation, rest, and the examination of the teeth. He was so emphatic about the teeth that he insisted that every patient with bad teeth should have them attended to first. The discovery, since then, that infections of teeth and tonsils cause many systemic diseases, is a tribute to his intuitions, shall we say?

Of course, we must add, as other possible sources of systemic trouble, infection of nasal sinuses, bronchial glands, gall-bladder; but teeth and tonsils stand in the forefront of offenders. So that the wise physician to-day, when called to a case of rheumatism (acute or chronic), sciatica, anemia, goitre, neurasthenia—to mention only a few—ought to investigate

carefully for foci of infection in one or the other of the regions referred to above.

Layman, of Indianapolis (see the February *Laryngoscope*), has ascertained, in so far as diseased tonsils are concerned, in the causation of systemic disease, that tonsillectomy, *when based on rational and well-founded relation of cause and effect, and when performed under the most favorable conditions*, has given exceedingly satisfactory results. (Italics ours.) Crowe, Watkins and Rotholz, of Johns Hopkins, state that only under very exceptional cases should a patient with rheumatoid arthritis be submitted to a tonsillectomy. King, of New York, administers an autogenous vaccine from cultures taken from the tonsillar crypts until bacterial activity is checked; then enucleates, and, if necessary, continues the vaccine. Such precautions improve the patient's chances of a permanent cure and lessen the probability of an acute post-operative exacerbation.

Crile and Halstead—in cases of goitre due to tonsillar infection—operate on the thyroid first; Bloodgood believes that the tonsil or co-existent infection should be taken care of first. The Mayos do a thyroidectomy to relieve symptoms, and then the tonsillectomy to prevent recurrence of hyperthyroidism in the remaining lobe.

Layman says internes and nurses in recent active service with septic cases should have temporary leave of absence before undergoing tonsillectomy. Arthritic, cardiac, renal and other systemic patients should not be allowed up too soon after operation.

Patients showing albuminuria on examinations should be kept in bed on restricted diet for a week or ten days prior to operation.

In view of the amount of discussion on this subject of focal infection we commend Layman's article to our readers.

ONE METHOD OF STUDY

As time goes on one is pleased to note the greater use students are making of the clinical material to be found in the hospital wards. This is the way to get up one's medicine—the only way; which observation takes us back sixteen years to the work of one of the brightest students our provincial university ever graduated. He spent hour after hour, day after day, in the wards. One of his undertakings was the comparative study of something over one hundred cases of typhoid fever, which had been admitted during the epidemic of that autumn. On his own initiative, he observed the spots and the stools, noted the headache and the hemorrhage, the pulse and the temperature, the tympanites and the perforations, the medication, the diet, and the general management of the cases; and if the patient died, he even showed greater interest than ever in getting a hand in at the *post mortem.* This student had indelibly stamped on his mind the main features of the disease before he ever opened his Osler or his Fagge; and when he did read what they said about the disease he did not easily forget it.

Canadian Journal of Medicine and Surgery

Editors

Surgery:

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:

J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:

ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:

MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D.. M.R.C.S., Eng., Toronto.

Clinical Medicine:

ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:

N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:

B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO. T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:

J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:

PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:

D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Society Proceedings

COL. HERBERT BRUCE AT THE ACADEMY

Col. Herbert Bruce, one of the medical war missioners to the United States, addressed the Toronto Academy of Medicine at the special meeting called in June.

In opening he said, smilingly, he had been brought there under a wrong impression. He was there, at least, to try to represent Sir James MacKenzie. Sir James was not able to come, so that Col. Bruce was to fill in the breach. He was sorry for the Fellows' sakes that Sir James was not there. Many of them knew him. To know him was to love him and respect him.

"Colonel Primrose," Dr. Bruce went on, "has asked me to say something about the object of our mission to America. I believe it originated in a request from the American Medical Association to send delegates to their meeting in Chicago. The British Government decided to accede to that request, and sent the three of us over."

Jokingly, Col. Bruce said he was sent as a sort of A. D. C. to the others—to see that they got their trains and boats, and to look after their luggage, etc.

In addition to visiting the Chicago meeting, they had received a number of invitations to speak, and were trying to fill in their time as best they could.

The British medical services were rather short of doctors. The British ranks of medical men had been so depleted that the civilian population was scarcely adequately taken care of. Canada had loaned them a number of doctors—five or six hundred, he thought. America had loaned them 760, and more were being asked for. He believed 200 more were shortly to leave to join the British medical forces. The service was not

suffering for the lack of doctors, because always they were able to get them when asked for—either from America or elsewhere. There was a considerable casualty list among the doctors both at the front and at the base. Men became used up after a period and required to return home to rest or carry on the more easy work connected with the service.

To help out the British service has been training nurses to give anesthetics. This work was being carried on both in casualty clearing stations, at the front, and in the base hospitals. This policy is being further extended until he thought they would have by autumn 250 nurses at least doing this work satisfactorily.

There were also formed surgical teams for the purpose of meeting emergencies, teams which could proceed at any moment to the casualty clearing stations to carry on. The surgical team consisted of a surgeon, anesthetist, a nurse, two orderlies, and two to four stretcher-bearers. This group were not only able to carry on their work in the operating-room, but could take the wounded to their huts and take care of them there. When the emergency is over in that particular part of the line the team can proceed to another part of the line, thus constituting a mobile surgical outfit. As a rule, in the C. C. S. they operate at one time with two tables, which enables them to get through a very much greater amount of work than with a single table.

New problems which have arisen in consequence of the war conditions have enabled the sanitary officers to make great strides in sanitation. The health of the army is remarkably good. Typhoid fever is practically wiped out. Col. Bruce had seen the Chief Sanitary Officer at Headquarters before leaving, and was told by him that by the use of typhoid vaccine, they had practically been able to get rid of typhoid fever. At the present moment they had in the British armies (of 2,000,000), only 27 mild cases of typhoid. The same good results had been obtained in respect to other conditions. A small epidemic of smallpox—some dozen cases—had developed there. The usual precautions had been taken, everyone was vaccinated and the epidemics stamped out very easily. Vaccination was not compulsory in England; but in spite of that fact, and although they had in England the so-called conscientious objectors, when

they got them away from England and their home surroundings they ceased to be conscientious objectors and submitted to vaccination quite readily. A British Commission had recently finished its labors in connection with investigations on trench fever. The result had been to condemn the louse as responsible for the transference of this disease. This, perhaps, was the most recent development at the front. He thought it would have far-reaching effects. Trench fever had been responsible for a large wastage in the army. A number of improvements were taking place for the getting rid of lice. They had all kinds of lousing institutions at the front and new methods of treating cases. So they hope in time to entirely dispense with the louse—at least to make him less active than he has been in the past.

Col. Bruce thought the British Sanitary Service had been one of the outstanding features in connection with the R. A. M. S. in France. He supposed his hearers were aware of the fact that the French had no Health Act, that sanitation in France is very bad. The British service had cleaned up many of the French villages, towns and cities; was doing a very useful work for France. He had heard in Paris a tribute paid the British by one of its leading experts, who said that the British were masters of hygiene. If any of the Fellows he was addressing had been in some of the old French villages they would appreciate what that means.

One of the things that the speaker had noticed recently was the process of transfusion of blood, and he was glad to be able to refer to the very valuable work done by a Fellow of the Academy, Major Bruce Robertson. Col. Bruce had been in an adjoining casualty clearing station last summer to the one in which Major Robertson was working; and he had heard from the British expressions of the highest appreciation of his work. A great deal of work had been done in connection with the transfusion of blood during the past year in the Third British Army, of which Colonel Gray, of Aberdeen, is consulting surgeon. They have been taking blood and keeping it in cold storage, so as to use it as occasion arises. It can be kept safely for a month and used all the time.

"When I last saw Col. Gray," Dr. Bruce went on, "four or five weeks ago, he expressed great regret that thirty bottles

of stored blood were lost during the German offensive which began on March 21st. It was taken by the Huns. I related this circumstance in Cincinnati the other day. In discussion, one of the speakers said he hoped the Huns would use it, for it might purify their blood. The British are using gum acacia to a certain extent and find it to be more effective than normal salt solution. For hemorrhage there is nothing that will take the place of blood. For shock associated with hemorrhage, gum acacia has been found to be effective. Either fresh blood or citrate of blood out of cold storage are used.

"We had our casualty clearing stations very near the front before the offensive in March—many thought they were too near. Some of them were as near as six miles. It was thought—and experience has proven that the quicker you get certain classes of cases and deal with them the better—particularly the abdominal cases. The results were very much better the sooner the operation was performed after the injury. We put the advanced dressing station for abdominal cases in very close position for three or four months last summer—until the Huns shelled it and bombed it. The results which were obtained there throughout that period were no better than those obtained five or six miles in the rear. It is very easy to see why that should be the case. The general percentage of recoveries was five per cent., and the percentage did not improve by making an effort for the men nearer the line. The reason was the surgeons operated on more of the bad cases nearer the front than they would when the station was five or six miles farther back. Those patients they got five or six miles farther back were so critical they would not operate upon them.

"One of our ambulance trains filled up at a certain point in the Fifth Army front. They were retreating rapidly. On the way to the base hospital, fifteen miles away, it was stopped on the road. The officer in charge was asked if he could take some more wounded. He said, yes. Recognizing the man, he said, 'I saw you this morning.' The officer replied, 'Why, of course, we met this morning; you've got 400 of my wounded from the last place on the train.' In the meantime the hospital had moved more rapidly than the ambulance train—such was the speed of the retreat during some of those critical days in March.

"There were two conditions where surgery has been greatly improved during the last year—in dealing (1) with chest wounds, and (2) with abdominal wounds. Some very definite conclusions have been reached. Capt. Lockwood, a graduate of McGill, is one of the big men in wounds of the chest, and is so recognized in the British Army. He is with the British medical service.

"In respect to the treatment of wounds, many stages have been gone through. At first they were treated without antiseptics, the same as had been our custom in civil life. Then antiseptics of various kinds came in. Every man who visited France thought he had some new form that was a panacea; a great many were advocated and used. We had Sir Almroth Wright tells us saline was the only thing necessary. Wounds in the beginning were sewn up—with limited excision—that were found to become infected, and we were told wounds should no longer be closed, defying every custom. A little later Dakin discovered a solution which carries with his name that of Carrel, who invented a method of applying the solution. This Dakin-Carrel treatment became popular in France and still is most popular when active suppuration is present. But during the last few months strides have been made in the primary closure of wounds, and now it has been clearly shown that the important thing in dealing with wounds is to do wider excisions and thoroughly, mechanically, cleanse wounds. If they are thoroughly cleansed and all the dead tissue, infected tissue and foreign bodies removed from the wounds, they will heal by first intention without any antiseptic. In some of our clearing stations, by following this principle, we have secured 90 per cent. of primary closures. These wounds remain closed and, as a rule, give us no more trouble. Most of these wounds are in connection with the soft parts. But wounds which extend to fractured bones are also being closed. If the surgery is well done—the wound thoroughly excised, explored in all recesses, all foreign matter removed, it may be closed with a large probability of its remaining closed and healing by primary intention. Those of you—and I see many uniforms in front of me—who have served overseas, and particularly those of you who were there two years ago, will remember that the hospitals were filled with suppurating wounds; you will appre-

ciate the tremendous importance of getting primary union without any antiseptic. These wounds healed if surgeons used normal salt solution, Bepp or anything else. The main thing is not what antiseptic is used—it is simply a question of whether good surgery has been done. I think that is now generally recognized. I had a letter from Major Brewer, of New York, saying that in the casualty clearing stations, where he was working, they got 95 per cent. of primary closures without any difficulty; and he held that percentage would be maintained. The custom now is to require the advanced hospital or clearing station to keep these wounded for at least a week if they have closed the wounds primarily. If they are rushed and need the beds they excise the wounds if they have time; and if there is not time to close them up, they pack in a little antiseptic and rush them to the base hospital, where, if the wounds are found to be clean, they are closed. This is what is called delayed primary closure. Again, if wounds have not been closed at the front, and the patients are brought to the base, as soon as the wounds are cleaned a secondary closure is done upon them. The result of all this is that the length of time the wounded remain in our hospitals will be tremendously reduced. This is probably the greatest advance that has been made in France in the treatment of the wounded during the past four years.

"In the British services there are forty ambulance trains, each capable of carrying five or six hundred wounded. If you will think of these assembled in one centre they will constitute a hospital of 20,000 beds. A telephone message is received at this centre that at some place else along the line a hospital of 500 or 1,000 beds is needed; one or two trains are despatched to that place. They carry doctors, nurses and surgical equipment. The wounded can primarily be taken care of while being moved to the base, where they are left or transferred to a hospital ship.

"On account of the practice of the Hun of bombing hospitals at the front, it has become necessary to remove all signs of what would indicate that these institutions are for the care of the sick. In other words, the rules of the Geneva Convention have been deliberately broken by Germany. So we carry on as best we can in the dark. The wounded are operated upon in a closed, stuffy room, under conditions that are exceedingly

difficult. When it is known that the Huns are over, the lights are all put out and everybody seeks some place of safety. In consequence of this kind of action by the Germans, doctors and nurses, in addition to being professional people and civilians as formerly, are now soldiers and heroes. I have been very much struck with the cool, deliberate way in which our nurses behave under such conditions, as they carry on quite indifferent to the sound of the bombing machines overhead. They, in fact, have become so accustomed to this sort of sound that they more or less ignore it. If you see this hospital you will be made aware of the fact that arrangements have had to be made to protect the wounded and the personnel from such attacks as far as possible. A large trench is dug around the hospital tents, two or three feet in depth, and the sides of the hospital are banked up with earth two or three feet, so that the only thing that would be effective would be a direct hit from a bomb. When a bomb falls, it shoots off laterally. Anything on the ground may be within the line of fire for a distance of fifty to sometimes one hundred feet. We lost a number of patients on one occasion, amongst them some wounded Huns—sixteen being killed and six others being wounded. I saw the large crater in the ground the next morning just about fifty feet from the tent. The pieces of shell flew along over the site within a foot of the floor. The patients were on trestles. The custom now is to put the patients on the floor and protect the tents with some reinforcement as described. Those who can walk seek refuge in the trenches which have been dug around the tents. On one occasion a bomb fell just outside of the tent in which Dr. Crile, of Cleveland, was working. His orderly ran out of the door to get a helmet, was wounded and died within a few minutes. A number of the personnel of the hospital were wounded."

TUBERCULOSIS CONFERENCE—REPORT OF EXECUTIVE COUNCIL OF THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

Dr. George Porter, the enthusiastic Secretary, presented this report. In comparison with nine years ago, Canada has now over 3,000 beds—300 then; cost of maintenance, $150,000 per year—now $900,000. Some three million dollars have been spent on plants. The beginning and growth of sanitaria are invariably due to the leadership of some public-spirited citizen. The Federal grant enables the Association to distribute free suitable literature to sanitaria, dispensaries, schools and factories. The Vancouver Rotary Club are carrying on a campaign to raise $75,000 for the establishment of a tuberculosis clinic in that city. Greater food production was of the greatest importance, not only to supply the allied warriors, but also to sustain the vitality of those at home to the highest point and thus tend to prevent the development of tuberculosis.

Dr. H. W. Hill, of London, discussed the subject "What the Medical Officer of Health Can Do in Relation to Tuberculosis." He outlined the two main forms of tuberculosis—bovine and human—to point out that getting rid of bovine tuberculosis is merely a matter of ceasing to use raw milk as a food. On the other hand, human tuberculosis is spread practically entirely directly from open cases of lung tuberculosis and will never cease until all such cases are segregated. The M. O. H. should faithfully study the tuberculosis of his community, and secure the division of all cases into these two groups, providing for the isolation of the open case as a menace to others, and urging the early and prompt treatment of all other cases, in order that they may not become open.

Dr. Hill emphasized the importance of health officers having as clear ideas on tuberculosis as they had on other infectious diseases. "Find the source of the trouble and block the roots," Dr. Hill declared. They should aid in the search for the cause by all means at their command. With reference to the human and bovine, the germs are different—they are related but do not transmit. Bovine tuberculosis is most common in individuals under sixteen years of age, and attacks

glands, bones, intestines and brain. The human tubercular bacillus in eight-ninths of the cases attack the lungs. Bovine tuberculosis is not transmissible from human to human. It is very important for the health officer to know that the human tubercular bacillus comes from the consumptive; the bovine from infected milk or meat. Human tuberculósis will continue to spread and be uncontrolled until we closely watch the open case. The obtaining of an early diagnosis was most important, in order to prevent the establishment of an open case. Heretofore our efforts have not been successful because they have been spasmodic; they have not been properly organized. All cases of pulmonary tuberculosis ought to be examined semi-annually—universal, compulsory on every one.

Open cases should never be mixed with closed cases in sanitaria—not, at least, until the temperature is down.

In London, Ontario, they believe that tuberculosis starts in the adult as well as in children. They ascertain whether the case is open or closed. One positive sputum indicates that the case is open. To establish that a case is closed, six consecutive negatives must be obtained. If a case is found to be open, the patient is isolated whether he is at home or in gaol. If patients refuse to comply with the regulations, the authorities do not hesitate to arrest them, and the magistrate upholds the officer in every case. If the cases are not open, treatment at the sanitarium or at home is advised. The patients are watched and examined at frequent intervals. If they become open, they are isolated at once, either at the home or in the sanitarium. If the case is one in a child, the parents are advised how to care for it at home or to send it to the preventorium at the sanitarium. All other members of the family are examined, and other close associates, whether in the family or not. A nurse visits the family regularly.

In concluding, Dr. Hill admitted that tuberculosis was lessening. Two hundred years ago one-quarter of the inhabitants of Europe died of tuberculosis.

THE CANADIAN CLUB

The Canadian Club, Toronto, was recently addressed by Sir Arbuthnot Lane and Col. Herbert Bruce, at the June meeting.

Sir Arbuthnot said he and Sir James MacKenzie were most fortunate in having Col. Bruce associated with them in their mission in the United States.

He need not dilate on Dr. Bruce's good qualities because they were known by the Club even better than by him. He had been more like a brother than a friend to them.

Col. Lane commented on the lack of evidences of war in Toronto—the only thing noticeable at the table was the sugar ration. He was greatly impressed with the determination and energy shown by the Americans to win the war. Their extraordinary demonstrativeness was in marked contrast to the British, who talked but little, though they did much.

He believed the United States medical men would do exceedingly well. Their medical arrangements noted in Washington and elsewhere were simply excellent.

Dr. Lane spoke very highly of the Canadian Army Medical Corps in England, both in respect to their efficiency and economy of personnel.

At Bramshott both medical and surgical divisions had been subdivided into separate departments, which permitted of more intensive training of medical men. The surgical side was divided into units for fractured legs, fractured arms, abdominal wounds, chest wounds, head wounds, etc. But what Col. Lane noted especially was the division for the care of soldiers whose faces were so torn and smashed and disfigured that often their children, wives and mothers turned from them in terror. Their cases were most pitiable. Col. Lane established at Sidcup a special camp for such cases. Beside the British, three Colonial units were established, with the idea of stimulating friendly rivalry. Dental surgeons, especially competent, were employed to reduce the fractures and the regular surgeons skilled in plastic surgery were doing wonders in repair work. Where the face is blown away, they secure a former photograph and actually build the faces up in a wonderful

fashion—making new eyelids, lips, noses, filling eye sockets—thus opening up a new department in surgery. Bone would be taken from the leg or ilium, cartilage from the nose, from the front of the ribs, and transplanted—with remarkable results. He had secured a group of Americans to work along the same line at this hospital at Sidcup. Everyone was working most harmoniously.

A ROLAND FOR AN OLIVER

Once on a time Dr. Layem Fambers was crossing the street car line in his high covered four-wheeler, a rocking belt-liner ran into the hind wheels of the rig, before the motorman could get control of the old bus with his antiquarian hand brake.

Fambers sued for damages amounting to $53.27, $40.00 to go to Osgoode Startup, the rising young barrister whom he had recently treated for hydrocephalus (incipiens). He lost his suit.

"Some day I'll wander back again," hummed Layem when he heard the unjust verdict.

Old Granny Buylow en route to the market a few days after was run down by one of these same antediluvian cars, an Austrian spy being in charge of the company's motor. She was rushed to the hospital followed by the claims agent who could scarcely wait until the old woman was splinted and bandaged before generously offering to settle with her by paying her hospital and doctor's bill. The poor old woman, being in her dotage accepted the offer. The claims agent walked away with a self-satisfied air to report his fine settlement to Bunk Stemming the manager, but he did not know that Dr. Layem Fambers was the old lady's hospital physician.

When Fambers heard of the settlement he ordered a new purse.

Fambers paid the old woman 326 visits at $3.00 per. She had traumatic neurasthenia, he averred.

The company settled.

Militia and Naval Medical Services and Ambulance

UNIT MEDICAL DIRECTORS

Assistant Medical Directors for nearly all the territorial units into which Canada is divided for the purposes of carrying out the work of the Invalided Soldiers' Commission have been appointed by the Director of Medical Services, Lieut.-Col. F. McKelvey Bell. Following is the list as far as completed to the date of writing:

Maritime Provinces—Major Dugald Stewart.
Ontario—Capt. Edward Ryan.
Manitoba—Major K. McIvor.
Saskatchewan—Capt. W. C. Arnold.
Alberta—Major D. R. Johnson.
British Columbia—Major A. P. Proctor.

These are all medical practitioners of high reputation in the communities where they will administer their duties under the Invalided Soldiers' Commission. All have seen service with the Canadian Army Medical Corps and are, therefore, familiar with the problems with which the Invalided Soldiers' Commission has to deal.

NEW R.A.F. HOSPITAL GOES UP AT LEASIDE

In connection with the Royal Flying Corps at Leaside an up-to-date hospital has been erected near the airdrome which, when completed, will contain between 20 and 25 beds, and will be fitted up with a casualty receiving room, and usual equipment. The institution will be staffed by two medical officers and eight

medical orderlies. Connected with the hospital will be a 12-cylinder ambulance of the latest type, with the most modern and complete fixtures. The ambulance will stand on the flying field in readiness for immediate action, as long as there is a machine in the air. The medical orderlies watch every machine both leaving the ground and landing. In addition to the hospital there is an excellent dental department with dental laboratory adjoining. The kitchens and cooking appliances are of the very latest designs.

Col. Gardiner, A.D.M.S. for the Third Military District, announced on August 27th that the medical officers from this district who are to serve in the Siberian Contingent have been selected. The men who are going all offered their services. No date has been set as yet for their departure, but the following have been authorized: Hendry Connell, J. H. Munroe, J. A. Lalonde, S. J. R. Horne, J. Sharp and F. S. Tisborne. All the men have been graded as lieutenants.

Among the officers who arrived in Toronto recently is Lt.-Col. C. S. McVicar, of 300 Roncesvalles Avenue, who has been recalled for duty. It is three years and four months since he first left Toronto. He was formerly with the staff at the Base Hospital in Saloniki. He was one of the six members of No. 4 General Hospital, University of Toronto, mentioned in despatches from Saloniki. Last September he returned home after an absence of two years and four months on two month's leave.

Lieut. H. C. Pearson, of 166 Walmer Road, a Toronto physician, was among the officers who returned recently on three months' furlough. He enlisted the first month of the war and has been serving in France for the past three years. He was slightly wounded in the right forearm last May, but was soon back in the trenches. He is an Upper Canada College "old boy," and graduated from Trinity Medical School in '95. Lieut. Pearson has been M.O. with a field ambulance on the west front.

Dr. F. A. Cleland, 131 Bloor Street West, expects to leave Canada this fall, having been appointed medical officer of the Canadian Siberian Forces.

Owing to a special request of the Royal Army Medical Corps authorities, Dr. F. G. N. Starr, of 112 College Street, Toronto, left on August 27th on his way overseas.

Major E. E. Latta has been appointed Unit Medical Director of "C" Unit, Invalided Soldiers' Commission. His office is at the Golden Lion Block, Kingston, Ont.

Capt. Charles MacKay has also been appointed to the similar position in "K" Unit, with headquarters at Fredericton.

Capt. R. C. Coatsworth, son of Dr. R. C. Coatsworth, 296 Parliament Street, Toronto, arrived home on furlough a few weeks ago after three years' service with the R.A.M.C. Dr. Coatsworth, Jr., graduated at the University of Toronto in 1915, and left as soon as he received his degree, receiving an appointment to an Imperial Battalion on reaching England.

We would like to take this opportunity of extending heartiest congratulations to our esteemed Associate Editor, Dr. Arthur Jukes Johnson, on the decoration recently conferred upon his son, Captain Arthur Jukes Johnson, "D" Battery, 62nd Brigade, British Expeditionary Force, France. Capt. Johnson was, a few weeks ago, presented with the Croix de Guerre. He was in command of his battery in support of the French infantry on the attack of July 23rd last. On the night of the 24th the Battery came out again, and on the next day the General commanding the 66th French Division presented Capt. Johnson on parade with the Cross. From August 8th to 13th Capt. Johnson's battery supported the Canadians.

Obituary

DEATH OF MAJOR BURNHAM

We take this opportunity of conveying to Dr. and Mrs. G. S. Burnham, 128 Bloor Street West, Toronto, our sincere sympathy in the death in action of their splendid son, Major Sidney Smith Burnham. Major Burnham went overseas as lieutenant in the 19th Battalion, C.E.D., served at the front in practically all of the big engagements, and was recommended for the D.S.O. for valor displayed during the battle of Hill 70. He was born in Toronto, and was a graduate of Upper Canada College and of the University of Toronto (Arts). Dr. Burnham's only daughter is serving overseas as nursing sister for the Canadian Officers' Convalescent Hospital in France.

SON OF MAJOR (DR.) HARLEY SMITH KILLED IN ACTION

Once again the medical profession in Canada has been sorely bereaved, this time in the death at the front of Lieut. Harley Gordon Smith, son of our esteemed confrere, Major (Dr.) Harley Smith, now at the Ontario Base Hospital, Orpington, Kent, England. Lieut. Smith has had a wonderful career, having been decorated by the French Government with the Croix de Guerre with gold star, and the Medaille Militaire. Lieut. Smith met his death about July 20th, while serving with the French forces. He was the eldest son of Dr. Harley Smith, formerly Italian Consul in Toronto. He enlisted with an overseas unit and later joined the Royal Flying Corps, serving

with this branch of the army for some time, later resigning his commission to enter the French Army. The JOURNAL would like to take this opportunity of expressing to Dr. and Mrs. Harley Smith sincerest sympathy.

DR. W. G. HUTT, a prominent physician in Newmarket, died quite suddenly at his home on August 18th. Dr. Hutt had practised in Newmarket for more than twenty years, being well known throughout the district. He was a prominent Liberal, 51 years of age, and is survived by his widow.

LIEUT. MAURICE WALLACE, M.C., son of the late Dr. Wallace, who practised for many years at the corner of George and Queen Streets, Toronto, has been reported killed in action. Lieut. Wallace was awarded the Military Cross for bravery on the field and had a wide circle of friends in Toronto. He spent the summer of 1916 at Camp Borden.

WE beg to tender to Dr. J. H. McFaul, 474 Dovercourt Road, Toronto, our sympathy in the death of his son, Lieut. Leonard L. McFaul, R.A.F. Lieut. McFaul was first reported missing, but now is presumed to be dead.

THE sympathy of the entire profession in Toronto goes out to Dr. Charles J. Copp, 96 Wellesley Street, whose brother, Lieut. Harold W. W. Copp, fell in action on August 31st.

News of the Month

Voting for the vacancies on the Senate of the University of Saskatchewan resulted in the election of the following officers: College of Physicians and Surgeons, Dr. H. A. Stewart, of Saskatoon; College of Dental Surgeons, Dr. W. H. Falloon, of Saskatoon; Pharmaceutical Association, Robert Martin, of Regina; Battleford district, Dr. Stanley Millar, of Battleford. The College of Physicians and Surgeons, the College of Dental Surgeons, and the Pharmaceutical Association have their first representative on the Senate of the University. Provision was made for such representation at the meeting of the Senate on convocation day of this year.

The Manitoba Medical Association held its annual meeting in Winnipeg on June 20th and 21st. The Association placed itself on record as being convinced that the restriction placed on the use and sale of alcohol in the province has resulted in the physical, moral and economical betterment of the people. The programme was largely clinical in nature, and most of the meetings were held in the various city hospitals, including the Manitoba Military Hospital at Tuxedo. One of the chief items under discussion was the control of venereal diseases.

Dr. H. B. Anderson, of Toronto, was elected Vice-President of the American Therapeutic Society at its recent meeting at Richmond, Va.

Dr. Herbert Baker, of Spadina Avenue, will join the staff of the Ontario Government Hospital, Orpington, Kent, England, this month.

The Physician's Library

The Causation of Sex in Man. By Dr. E. Rumley Dawson, 2nd edition, pages xiv and 226; size demy 8vo. London, 1917; 7s. 6d. net. H. K. Lewis & Co.

This is a second and revised edition of Dawson's presentation of his theory of the physiological control of sex. His studies and observations lead him to conclude that ovulation occurs alternately from the right and left ovary, and that male sex in the child is due to a fertilization of ova derived from the right ovary only, and a female fetus is due to the fertilization of an ovum from the left ovary. The male parent is entirely dissociated from the control of the sex of the child. Twins occur as a result of double ovulation, either from the one ovary or simultaneously from right and left.

His record of cases is almost convincing but must be confirmed by other observers before the theory can be accepted.

Medical Service at the Front. By Lieut.-Col. McCombe, C.A.M.C., and Capt. Menzies, M.C., C.A.M.C. Lea & Febiger, Philadelphia, 1918.

This unpretentious volume is recommended by Surgeon-General Fotheringham. It needs no further eulogy or criticism. He says in his foreword: "It is hot from hell's gridiron and is correct in all details, as all can vouch who have been through the experience of those who wrote it." It is not a text-book, but every medical officer who goes overseas with the chance of getting to France, should read this book and keep it. It contains 128 pages, is well illustrated, and gives an excellent idea of the arrangements for the care of the sick and wounded from the trenches to the base.

Catechism Series; Pathology Part IV. Second edition, and Surgery, Part V, third edition. By Capt. C. R. Whittaker, R.A.M.C., F.R.C.S. (Ed.), F.R.S.E., etc. Edinburgh: E. & S. Livingstone, 17 Teviot Place.

These little paper-covered pamphlets contain many excellent questions and answers which will serve to crystallize the knowledge gained by the student from lectures and text-books. Used as a test of the efficiency of his studies from time to time, the undergraduate will find these volumes a great help, but their use for the mere information contained therein should be discouraged as tending to cultivate superficial methods.

The Spleen and Anemia—Experimental and Clinical Studies. By Drs. R. M. Pearce, E. B. Krumbhaar, and C. H. Frazier. J. B. Lippincott Co., Philadelphia and 201 Unity Building, Montreal.

Two of the authors of this timely work are no strangers to the profession in Canada. They have been our guests, and we know somewhat of the advanced positions they hold in medicine and in surgery. In the book before us they make no attempt to deal with the injuries, infections and tumors of the spleen, while the white blood cell problems of the organ receive only incidental mention. The first half is devoted to a study by Dr. Pearce of the effects of splenectomy upon blood destruction and regeneration in animals. The relation of the spleen to changes which the red cells undergo next receive attention.

Following this Dr. Krumbhaar presents an admirable study of splenomegaly and the results of splenectomy in man. Modern views regarding the diagnosis and treatment of the non-infectious diseases of the spleen characterized by blood destruction are here given.

The final section by Dr. Frazier gives in detail the technic of the operation of splenectomy in man, and is enriched by many new and valuable points lessening its risk and extending its field of usefulness. A bibliography embracing 486 titles concludes the work, which is admirably illustrated and printed.

The "Nauheim" Treatment, in England, of Diseases of the Heart and Circulation. By Leslie Thorn, M.D., B.S., Durham; M.R.C.S., England; L.R.C.P., London; late Medical Officer London County Council Technical Education Board; Consulting Physician (in London), the St. John's Home of Rest, Mentone. Fifth edition. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden, 1918. All rights reserved.

It is many years since we first read a description of the "Nauheim" Treatment and heard Dr. Schott describe his work, but notwithstanding this little work of 160 pages comes to us as a revelation of the treatment of cases which before this seemed hopeless. The treatments and baths can be given in the patient's home, and the author shows by drawings of the heart, and pulse tracings and reduced arterial tension, the condition found before and after treatment. We had the impression for years that the main part of the treatment consisted in resisted movement, but this work places the main value on the baths. The conditions treated and cases described are heart dilatation with or without valvular disease, high arterial tension, angina pectoris, irritable heart, soldier's heart, arteriosclerosis, myocarditis. Full directions are given for the baths, and also for the exercises with illustrations.

State Board Examination Questions and Answers. Fifth edition. New York: William Wood & Company, 1918. Price $2.50.

This volume contains the examination papers for 1917 and answers to the questions thereon, of all the States of the Union, as well as those of the Medical Council of Ontario and the Dominion Council. For those who are preparing to present themselves before any of these bodies for licenses, this collection of papers will serve to convey to them a good idea of what is expected. For actual study as a text, the book is not to be recommended, and was not intended, but for those unfamiliar with the range of work expected of a candidate it will serve a useful purpose.

Aids to Rational Therapeutics, With U.S.A. Pharmacopeia Equivalents. By Ralph Winnington Leftwich, M.D., C.M., M.R.C.S. (Eng.), late Assistant Physician to the East London Children's Hospital. Author of an "Index of Symptoms," "Tabular Diagnosis," "A Pocket Book of Treatment," etc. By medicine, life may be prolonged—Cymbeline. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden, 1918. Price 3s. 6d. net.

The more rational our Therapeutics the more satisfactory will be our treatment. In this little work the author divides diseases into forty groups on the basis of allied pathology and added separately those which he could not so classify. This arrangement is intended to help the student get a grasp of the general principles of treatment of several diseases in groups and of the catarrhal group, the fever group, etc. Both the student and general practitioner will find this plan very helpful, and outside special conditions in individual cases the prescriptions are good.

A Treatise on Clinical Medicine. By William Hanna Thomson, M.D. LL.D., Physician to the Roosevelt Hospital; Consulting Physician to the New York State Manhattan Hospitals for the Insane and to the New York Red Cross Hospitals; Ex-president of the New York Academy of Medicine, etc. Second edition, revised. Philadelphia and London: W. B. Saunders Company, 1918. Canadian Agents: The J. F. Hartz Co., Limited, Toronto.

It can truly be said that hardly a day passes but brings with it a change in the successful treatment of disease. It therefore behooves every practitioner of medicine desiring to keep himself in the front ranks to devote a certain amount (it may have to be somewhat limited) of time to careful reading along clinical lines. We do not know, of any book better suited toward this end than Dr. W. H. Thomson's treatise. It must be most gratifying to the author that he has been called upon to re-write his original work so soon. He very properly lays stress upon the great importance of the laboratory and autopsy

room, but shows that such means the expenditure of more time than a busy practitioner can ordinarily devote from his patients. His introduction on "Catching Cold" is very practical, covering, as it does, a condition that is usually overlooked. Part Two is devoted to The Infections, and Part Three to Diseases of Special Tissues or Organs.

The Way Out of War. Notes on the Biology of the Subject. By Robert F. Morris, F.A.C.S., Garden City. New York: Doubleday, Page & Company, 1918.

To those who have read Microbes and Men, A Surgeon's Philosophy or Doctors *versus* Folks—To-morrow's topic series this volume will be eagerly read. To those of our readers who have not heard the author speak or read any of his books there is a treat in store. We once heard Morris occupy a Cathedral pulpit on a Sunday evening and discourse on Microbes. His sermon was highly entertaining and amusing. Having excited your interest, dear reader, in the author you will now want to know how this trained surgeon, psychologist, and biologist explains The Way Out of War. We must not tell you his answer else, perchance, you would not read this little volume of 166 pages. It is very interesting. Send for it.

Differential Diagnosis. Volume II. Presented through an analysis of 317 cases by Richard C. Cabot, M.D., Assistant Professor of Clinical Medicine, Harvard University Medical School, Boston; Chief of the West Medical Service at the Massachusetts General Hospital. Second edition, revised, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Canadian Agents: The J. F. Hartz Co., Limited, Toronto.

Volume two of this very important work is divided into nineteen chapters bearing the following titles—abdominal and other tumors; vertigo; diarrhea; dyspepsia; hematemosis; glands; blood in the stools; swelling of the face; hemoptysis; edema of the legs; frequent micturition and polyuria; fainting;

hoarseness; pallor; swelling of the arms; delirium; palpitation and arrhythmia; tremor; ascites and abdominal enlargement. As one would expect from an author so well known as Dr. Cabot, his volume is one that for years to come will occupy a unique place on the desk and in the book shelves of every practitioner desiring to become a correct diagnostician and therefore a successful practitioner. It is a credit also to the publishers, as from a typographical standpoint it would be difficult to excel.

Preventive Medicine and Hygiene. By Milton J. Rosenau, Prof. of Preventive Medicine and Hygiene, Harvard, etc., etc.; with chapters upon Sewage and Garbage by George C. Whipple; upon Vital Statistics by John W. Trask; and upon Mental Hygiene by Thomas Salmon. Third edition, containing a special section on Military Hygiene. New York and London: D. Appleton and Company, 1917.

A book which a big man dedicates to his wife is generally worth reading. Dr. Rosenau has seen things; a quarantine officer, an epidemiological investigator, a worker in public health laboratories in the United States, in Europe, and in the tropics. The bibliographical references show that he has read much; his home among the intellectuals of Boston indicates that he knows his subject; and a perusal of his timely book shows that he can tell what he knows clearly, concisely and impressively. His wisdom is further shown by his choice of collaborators, whose contributions are worthy of a place beside those of the author. Every medical man nowadays ought to be a potential Medical Health Officer;; and to qualify him for such a status he cannot do better than read this useful book. Every medical student will find it just what he needs. We take for granted every M. O. H. has a copy in his library. In addition to the routine and older questions discussed in such books, what one reads with especial interest is what the volume unfolds to us on syphilis, infantile paralysis and mental hygiene. The reader will be also interested in the author's treatment of immunity with all its hypotheses—anaphylaxis in particular. An interesting chapter is devoted to heredity, in

which the laws of Mendel, De Vries and Galton are explained. Now that we are hearing and reading so much about food economy, especial interest attaches to the section on foods—their classification, uses, preparation, preservation. And now that thousands of our young medical men are joining the colors, they will read with avidity what is said regarding the examination of recruits, the organization of medical departments, the sanitation of camps and barracks, and the diseases incident to trench life and life at the front. The book is copiously illustrated, and wherever the writer of this review has dipped into the volume he has found nutriment aplenty and has no hesitancy in commending the work to the reader.

Infant Feeding. Clifford G. Grulee, A.M., M.D., Assistant Prof. of Pediatrics, Rush Medical College. Philadelphia: W. B. Saunders Co. The J. F. Hartz Co., Ltd., Toronto, Canadian Agents.

The third edition was really not necessary unless the second was sold out, the only addition of any moment being the chapters on absorption and metabolism. We think the chapters on this subject alone worth the price of the book to any one really and truly wishing to be a master on the subject of infant feeding. It is clear, concise and written by a master hand. We are unable to agree with him as to the 4-hour feeding by infants at the breast, for if the little one has a small stomach capacity it cannot get sufficient food to keep up the fuel supply necessary to produce the calories sufficient for its heat per lb. body weight. We well know the trend of feeding is to draw out the hours, but as an old-fashioned practitioner remarked the other day: It is better to feed every three hours for five feedings and once at night, not only for the comfort of the baby, but of the mother, most babies being good enough to sleep six hours or more at night without being unkind enough to claim nature's fount.

The chapters on Diarrhea are really fine, but here as all through the book, treatment is, in places, sketchy. The work is one that every physician wishing to have a reference work of a

truly scientific nature should have on his shelves. The final year student should read; thereby fitting himself to understand more fully the clinical lectures on this all important subject. Should every infant be breast-fed and having a good supply from nature's fount, the work of the pediatrician would dwindle to a degree finite.

Medical State Board Questions and Answers. By R. Max Goepp, M.D., Professor of Clinical Medicine at the Philadelphia Polyclinic; Assistant Professor of Clinical Medicine, Jefferson Medical College. Fourth edition, thoroughly revised Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $4.25 net. Toronto: The J. F. Hartz Co., Limited, sole Canadian agents.

This volume contains a selection of questions found in the papers set by the various State Boards during the past four years, together with succinct answers thereto. To students of medicine this volume will be instructive in two ways: It is full of information put concisely and it shows them at what length and in what manner to best put their replies to questions put. Any general practitioner who wishes to "brush up" or use this as a work of reference will find it a valuable addition to his library.

The Proteomorphic Theory and the New Medicine: An introduction of the new medicine, by Henry Smith Williams, B.Sc., M.D., LL.D. New York: The Goodhue Company; 1918.

This book recommends the hypodermic injection of vegetable proteins (alfalfa, mustard, millet and rape seed) alone or mixed for cancer, rheumatoid arthritis, asthma, psoriasis, tuberculosis, etc. Williams cites a number of cases in which cures or relief have been given. As a guide to dosage, he lays much stress on study of the various constituents of the blood while treatment is being pursued. We do not observe that he stresses the importances of trying to ascertain the cause of the diseases he treats by proteal therapy.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIV. TORONTO, NOVEMBER, 1918 No. 5

Editorials

PNEUMONIA

FRANKEL discovered that the primary cause of pneumonia is the diplococcus pneumonie. Rufus Cole describes four types, according to immunological reactions. Some 34 per cent. are of type I; 26 per cent. type II; 15 per cent. type III; and 25 per cent. type IV. A specific serum is useful in type I; and is efficacious if given early, in doses of 80 to 100 c.c., intravenously, repeated every eight hours until a definite effect is obtained. Cole reports 108 such cases with eight deaths.

The Department of Health, New York, will examine specimens of the rusty sputum for the profession and furnish the serum in 100 c.c. bottles.

Ives, of New York, in a recent number of the *New York Medical Journal*, reviews the treatment of this disease. In addition to describing the treatment at the Rockefeller, by Cole, he reports good

success from optochin as used by Morgenroth and his pupils as well as by Chesney, at Rockefeller. Ives gives 7.5 grains three times a day, in capsules. Optochin is ethylhydrocuprein and kills the germ.

Ives reports Seibert as using 10 c.c. (36 grains) of camphor in oil to combat the pneumococci in the blood stream, administered as soon after the chill as possible and repeated every twelve hours, terminating the attack by lysis. Seibert had 36 cases with 35 recoveries!

Sollis-Cohen is reported also to be in favor of chemotherapy. He gives 15 to 25 grains of quinine and urea hydrochloride in a fifty per cent. solution of hot sterile water; repeating in 15-grain doses every three hours until the temperature falls and remains below 102F, given intramuscularly. He also gives pituitrin, one mil, or 0.5-grain doses of cocaine hydrochloride to control the blood pressure. The quinine may be given by the mouth—20 grains in capsules of five grains each, at first, followed by a five-grain capsule every four hours.

Forscheimer believes that with a healthy heart vasomotor paralysis is a common cause of pneumonic death; and so uses caffeine sodium benzoate in doses of three to five grains every four hours hypodermically. Ives thinks this is a drug of inestimable value in pneumonia.

Digitalis is the sheet anchor in the protection of the heart, and should be started early.

Milk, cereals, fruit juices, with milk sugar, should be given every two hours throughout the day, in

amounts of six to eight ounces, through a tube with the patient recumbent.

THE WAR AND HEALTH

THE examination of recruits has shown that the larger proportion of our young men are sub-normal in health. The number with something wrong with them is quite astonishing, and should lead to some action in the premises. No doubt many of these rejected recruits will seek recovery from their diseases without any urging. The medical examiners will, no doubt, recommend those who are in danger, to consult their own medical advisers for treatment. It is to be hoped they will do more than this—recommend their superior officers to urge the Government to take some action looking toward restoring these youths to good physical health in order that they may be in a position later to join up.

If so many of our young men are handicapped, how about the older men and the women. Doubtless many of these are suffering, consciously or unconsciously, from some form of disease or defect which should receive attention. Every general practitioner knows that many of his patients have only come to him after a long, long wait, fearing the revelation, perhaps, or postponing the consultation for financial reasons.

This is a matter which might well be discussed by our Medical Bodies—the Canadian or Provincial

or City Medical Societies. The subject might well be taken up by our health officers; by the medical press and by the lay press. But the medical profession should lead in the matter. Some of the life insurance companies are doing good work, notably the Metropolitan, which has been making some interesting health surveys of various American cities. Any of our readers interested would receive copies of these reports, we are sure, if they would write for them.

Canadian Journal of Medicine and Surgery

Editors

Surgery:

N. A. Powell, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:

Alex. Primrose, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and Herbert A. Bruce, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

W. E. Gallie, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; Clarence L. Starr, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. Galloway, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:

J. T. Fotheringham, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, Chas. J. Copp, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:

Arthur Jukes Johnson, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. Young, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:

Mrs. Amy A. Armour Smith, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. Haywood, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:

Allen Baines, M.D., Toronto: Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; Helen MacMurchy, M.D., Toronto.

Medicine:

W. J. Wilson, M.D., Toronto, Physician, Toronto Western Hospital; J. H. Elliott, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. Pepler, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. Harrington, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:

Alexander McPhedran, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; Lewellys F. Barker, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. Anderson, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:

N. H. Beemer, M.D., Mimico Insane Asylum; Campbell Meyers, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:

B. P. Watson, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; Geo. T. McKeough, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. Moore, M.D., Toronto; and A. C. Hendrick, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:

J. J. Mackenzie, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. Detweiler, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:

J. M. MacCallum, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:

Perry G. Goldsmith, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:

D. King Smith, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

MILITARY ORTHOPEDIC SURGERY AND SOME ASPECTS OF THE RETURNED SOLDIER PROBLEM*

By Col. Irving H. Cameron C.A.M.C.; C.E.F., Toronto.

"As when a well-graced actor leaves the stage the eyes of men
Are idly turned on him who enters next,
Thinking his prattle to be tedious."

So now I am constrained to make apology for my "prattle," and desirous to explain that I am not of my own volition intruding upon your attention, but that I come by command of my respected Chief, the D. G. M. S., and bear his greeting of "love and friending to you."

Shakespeare has told us that silence is only commendable in a neat's tongue dried, and a maid not vendible. But in this he did not tell the whole truth, as was his wont, and it was reserved for Dr. Samuel Johnson, in his "Vanity of Human Wishes," to implement the classification and to supply a columba in which my aphemia might fittingly find place amongst that of the "Veterans" who

"lag superfluous on the stage,
Till pitying Nature signs the last release,
And bids afflicted worth retire to peace."

*Epitome of the remarks on "Military Orthopedic Surgery and Some (Moral) Aspects of the Returned Soldier Problem," of Col. Irving H. Cameron, C.A.M.C., C.E.F., following Lt.-Col. Colin Russel, who addressed the Canadian Medical Association at Hamilton on (so miscalled) Shell Shock Cases, particularly.

Owing to absence on military duty, the author did not have an opportunity of revising the proof.

For four-and-forty years I have been coming to these meetings of the Canada Medical Association, but for the latter half of that time the ancient saw that "speech is silvern" has been transmuted by the "radiant energy" of experience into "but silence, golden."

Your programme intimates that I am expected to make some remarks upon military orthopedic surgery, and some slight contribution to the discussion of the returned soldier problem. With reference to the former, I should like to remark that the substance of what I had intended to say has already been recently and better said by Captain F. C. Kidner, of Detroit, in giving an account of the work being done at the Orthopedic Centre at Shepherd's Bush, London, with its 1,100 beds and excellent special equipment, under the control of Major-General Sir Robert Jones, which account is published in the *Journal of the American Medical Association*, in its issue of 27th April last, and which, doubtless, you have all read. If not, it is well worth the while of those who are interested to do so at once.

Allow me, however, to make a remark on the origin and meaning of the word "Orthopedic." If I remember rightly, on the front cover page of the *American Journal of Orthopedic Surgery* there appears an indication that the American Orthopedic Association derives the word from ὀρθός, (straight) and πούς (a foot), and although this may be reminiscent of the history of the art as beginning with the correction of clubbed and crooked feet, it no longer covers the ground which this ambitious specialty nowadays claims as its sphere of influence and action, with ever-increasing strides. To justify their "vaulting ambition," the orthopedic surgeons will have to adopt my etymology from ὀρθῶς, straightly, uprightly, or correctly, and παιδεύω, I educate, rear or set up, abandoning both παῖς-παιδικός (kid and kidlet), and πόνς—a foot, since we can no longer recognize *ex pede Herculem*.

In my early days tenotomy for club foot, or contracted knee or hip, or torticollis, constituted by far the larger part of operative interference; but the excellent pioneer work of Sayre and the two Taylors in New York, and of Bauer in St. Louis, dragged "the foot" (orthopedic), out of the mud and sent it

soaring to the stars (whence it has not returned) on the quill-feathers of hip and spine.

Little, Adams, Banfield, Barwell, Howard Marsh, Roth and Heather Bigg, and many others in London, and Thomas in Liverpool, were surely doing yeoman service for the handicraft, but to America is due, I think, the lion's share of the credit for its initial progress.

Its present stage is sufficiently attested by Major-General Sir Robert Jones' "Classification of Orthopedic Cases" in the British Army. "Listen and perpend":—

1. Bone Lesions: Ununited and Malunited Fractures.

2. Nerve Injuries, Complicated by Fractures and Contracted Scars, including Nerve Suture.

3. Acute and Chronic Disabilities of Joints, including Ankylosis, and Loose or Fractured Semilunar (or other) Cartilages.

" 4. Injuries of Muscles, Ligaments and Tendons, and Stiffness of Joints.

5. Deformities and Disabilities of Feet, such as Hallux Rigidus, Hammer-toes, Metatarsalgia, Painful Heels, Flat and Claw Feet.

6. Cases requiring Tendon Transplantation and other measures for relief in the Irreparable Damage of Nerves.

7. Cases requiring Surgical Appliances. And, in Canada, owing to our peculiar and advantageous conditions, Lt.-Col. Clarence Starr has contrived, and the D. G. M. S. has connived, to add an 8th, including

8. Amputations; and Stumps requiring trimming and fitting with Artificial Limbs. As Matthew Arnold says in his epilogue to Lessing's Laocoön:

> "Behold, at last, the poet's sphere,
> But who, I said, suffices here?"

Unless, indeed, it be the well-trained general surgeon with some proficiency in mechanics!

To one who knows intimately General Robert Jones and Lt.-Col. Clarence Starr (*capax, perspicax, sagax et efficax*, as each is), it is not difficult to admit that here we have concrete examples, and we can only hope that those who have the benefit of

their precept and example may, after a time, follow in their footsteps.

Now for a hurried glance at one aspect of the Returned Invalided Soldier Problem. Mr. Elihu Root,* at a convocation of the University of Toronto the other day, in addressing the audience restated and reaffirmed the heretical doctrine of the English Radical political philosophers (mostly Scottish, by the way), of a bygone day, of the supremacy of individualism in the State. And the returned soldier largely shares this faith, although its end is Bolshevikism and anarchy, as old Tiresias foretold. He thinks, and is encouraged to think, that because he has ventured, and perhaps sacrificed, all, has fought and bled and come home broken and maimed for years or for life, that his obligation to the State is settled and ended, and that the State owes him everything, unmindful of the basic fact that the State does not, and never did, owe him anything except equality before the law, and equal rights with those similarly circumstanced with himself—an obligation which it still acknowledges and still discharges. The absolute liberty of the individual began to wane in the nomadic and patriarchal state of society, and has been diminishing ever since to reach extinction when the commonwealth is at war and its existence jeopardized, at which time considerations of the public weal override all others, and even the civil law is suppressed amid the din of arms (*silent enim leges inter arma*). Because this essentially sound doctrine, for every community, has been pushed to an unjustifiable extremity in Germany, is no reason why Bolshevikism and anarchy should be set up here.

All extremes are errors, the truth usually lies between. But Germany's present efficiency is the proof of which extremity is the lesser evil in a State, if we must tolerate "the falsehood of extremes."

Looking matters squarely in the face, and remembering that the Army Medical Service deals with the maimed and the enfeebled, the mutilated and the exhausted, the malingerer and the evader, it is perhaps easy enough to get an exaggerated notion of the shirking and pusillanimity of some of our Cana-

*"The Ottawa Citizen" for June 4th contains on its editorial page an excerpt from a speech of Mr. Root's, delivered in 1915, on Magna Charta, which enunciates his view.

dian youth, so many of whose comrades have given proof of courage and endurance, of chivalry, and devotion, never exceeded in the annals of the race. How many returned soldiers does one meet anxious to go back to the fighting line, to relieve or to reinforce the comrades they have left behind? How many does one see anxious to promote by every means their speediest recovery, so as to be able, at the earliest possible moment, to join the army of industrious workers who provide the material sinews of the war; or even to do a day's work or earn an honest livelihood to render them independent of maintenance by the State?

In your experience, are they few or many? If many, how shall we account for this decadence of manhood, this laxity of moral fibre, this vanishing virility? I lay it to the charge of a sickly sentimentality. Self-commiseration is inherent in and natural to us all, and has no need of cultivation or re-education; and she was a wise, if a Spartan, mother of heroes who, in the golden age of Greece, could give her son departing for the wars a shield coupled with the injunction to "bring it back victorious or come upon it." ("ἢ τὰν ἢ ἐπὶ τάν,"), she said. But mothers of that breed, Spartan or Highland, bred men; and Themistocles affirmed "that which made men heroes, patriots, martyrs, was the love of wedded wife and child"—softness giving birth to hardness. Let us take another example of "the brave days of old," as Macaulay called them, and summon back an instance of 458 B.C., to contrast with these degenerate days. The Roman Army, under Lucius Mincius, is caught in a deep defile of Mt. Algidus by an Aequian host, and its doom seems sealed. A meeting of the Senate is hurriedly summoned and delegates despatched to Lucius Quinctius Cincinnatus, whom they find calmly digging in a field on the other side of the Tiber, and tell him that the Senate has named him Dictator, and that he must proceed forthwith to succor the entrapped army. Without parley or ado, he gathers his reinforcements and proceeds upon his mission. The Aequians are routed and the Roman Army saved, and Cincinnatus returns to Rome and lays down the Dictatorship and is back on the farm in sixteen days.

From the field of food to the field of fight
And back to the farm in a fortnight's flight.

Are there many on our farms to-day anxious to take the field to relieve the warworn heroes in the trenches? Five thousand agriculturists invade the Senate House and blatantly demand an opportunity to answer "No"!

How many who now "see Death entrenched preparing his assault," would gladly seek the furrows with the plough, but delay, when they do return, to fill the places which Conscription has made vacant in the ranks of those who fought the enemy, no less, and fed the Allies with the forced labor of increased production? Can you divine the cause?

These heroes of ours went boldly forth to war, instinct with the Spirit of Freedom, each with Mr. Patrick Henry's sentiment on his lips, "Give me liberty, or give me death!" They followed the apostolic injunction to the letter: they quitted themselves like men; they were strong to endure, many to die. For, as Dryden has told us,

"The love of liberty with life is given:
And life itself the inferior gift of Heaven."

The strain to which they were subjected, the descent into Hell, naturally tried to the uttermost the "distracted globes" in which Reason and Self-control erstwhile had residence, and made them supersensible of self-suggestion and of suggestion from without.

They come back wounded and broken men—but men. But men made supersensitive to suggestion of the false, to suppression of the true; with morale depressed.

And how are they treated? Sensibly and rationally enough, until they reach the base. But no sooner are they transferred from ambulance to bed, than well-meaning, but too sympathetic, padres and matrons, nursing sisters and V.A.Ds. surround them, laden with cigarettes and matches (hairs of the dog which had already bitten them to distant [perhaps] but untimely death), and other creature comforts, sedulously and emulously endeavoring to anticipate every want, but never forgetting or omitting "the accursed weed."

And as if this were not enough to disturb the balance of a mere and common man, the next day and the following days *ad infinitum*, so many ladies of high degree, of wealth and fashion, so many men of eminence and attainment in Church and State put themselves and their belongings, their houses, chattels, goods and gear, at the service of these damaged men, that they naturally and inevitably begin "to think more highly of themselves than they ought to think," for simply having done their duty—however nobly. And Plautus has said, *Is est honos homini pudico, meminisse officium suum* (To a modest man it is honor sufficient to have remembered his duty). But it is nothing more. It were a disgrace to neglect it.

Add, then, to this the ridiculous editorial laudation, and the effect of the absurd and extravagant speeches made on the floor of Parliament, and the irrational and inordinate claims at times advanced by various organizations for patronizing the returned soldier; and given a nervous system made over-susceptible to suggestion, as Col. Russel has shown—hypnotized or mesmerized or Braidised, or what you will—and with its own inherent, saving common-sense starved by disuse and choked and poisoned by eulogy, and what more logical "conclusion to the whole matter" can we expect than that which we find? In the strong Saxon speech, then, of one of my colleagues—Highlander though he be—gifted with more common-sense than most of us, "Cut it out"!

Cut out Venus and Bacchus (and in these days of Prohibition let me substitute *Baccy* for Bacchus).

Cut out adulation and flattery and undue praise.

Speak the words of truth and soberness.

Take the advice of Homer, and cut out the sophistries and euphemisms in which "Follies are miscalled the crimes of Fate."

Combine work and play; pleasures and exercise.

Lead thoughts along the lines of cheer and hopefulness, and banish melancholy.

Cut out indulgences; cultivate thrift, temperance in all things, and sobriety in judgment.

Cultivate honor and clean mirth amongst the men.

Assist the returned men to develop their own self-respect

and spirit of independence and self-help; and eschew sentimental molly-coddling.

Teach and help the men to investigate conditions and understand them before assuming that the authorities are in the wrong.

Regard them as younger brothers and reprove them with sympathy and understanding accordingly.

Encourage them to avoid and to despise, as unworthy of men, all trashy and salacious literature, and to read books which are at once useful and entertaining, through biographical association and illustration, such as Samuel Smiles' "Self-Help," "Character," "Duty," "Thrift" and such like—books which they will finish with enjoyment if they once begin them, and which John Murray published at a shilling apiece; books which I have not found in any hospital library from ocean to ocean, and which there is some difficulty in getting hold of even in the capital.

Substitute for inane and silly moving pictures and trashy plays films of natural history, and kindred topics, and illustrative lectures which embody and improve the advice: Go to the ant, thou sluggard, and learn wisdom; and to the bee, and get understanding.

Teach the men by counsel and example to prefer "the things which are more excellent."

Likewise and by the same means, inculcate the old Stoic doctrine of the essential necessity of "self-reverence, self-knowledge, self-control."

But, if this ideal seem to them too high, then let them take Matthew Arnold's "Second Best," and make it their own, incorporate in their daily life:—

Moderate tasks and moderate leisure,
Quiet living, strict kept measure,
Both in suffering and in pleasure—
'Tis for this thy nature yearns.

But, so many books thou readest,
But so many schemes thou breedest,
But so many wishes feedest,
That thy poor head almost turns.

And (the world's so madly jangled,
Human things so fast entangled),
Nature's *wish* must now be strangled
For *that best* which she discerns.

So it *must* be! Yet, while leading
A strain'd life, while overfeeding,
Like the rest, his wit with reading,
No small profit that man earns,

Who through all he meets can steer him.
Can reject what cannot clear him,
Cling to what can truly cheer him;
Who each day more surely learns

That an impulse from the distance
Of his deepest, best existence,
To the words "Hope, Light, Persistence,"
Strongly sets and truly burns.

Selected Articles

THE CANCER PROBLEM

In reviewing for the *Maryland Medical Journal* the study of cancer during the past two years, Dr. W. Seaman Bainbridge says that, owing to the war, investigations have been confined mainly to America, and summarizes as follows:—

Etiology.—(1) None of the investigations, of either a purely experimental or of a strictly clinical character, have revealed anything concerning the cause of cancer which need give rise to a radical change in the generally accepted views with regard to the treatment of the disease.

(2) The laboratory investigations with regard to heredity should be continued, but it is deplorable that, at this stage of knowledge, this possible factor in etiology should be brought to bear in the effort to control cancer in the human subject. The advocacy, on the basis of these findings, of the "eugenic control of matings," has already given rise to vastly more mental suffering than is warranted by the facts at hand.

(3) Whatever part soil and diet, and other allied factors, may play in the cause of cancer, the findings so far published do not warrant the application of deductions therefrom to the "diet plus regime" method of treating cancer, if this is to exclude the early and radical removal, by surgical means, of the cancer.

(4) The findings with reference to the causative effect of prolonged irritation reinforce the view that it is important, wherever possible, to eliminate this factor by rational means.

Early Diagnosis.—The clinician has been given no reliable aid to diagnosis in the early stages of cancer by the continued researches with regard to the various "tests," or "reactions."

Prevention.—The education of the medical profession with reference to the earlier and more accurate diagnosis of precancerous and early malignant lesions, of the layman with regard to the avoidance of the sources of chronic irritation and other factors which may be conducive to the development of this disease, together with a hearty co-operation between physician and layman, are emphasized by continued investigation. No definite means of preventing cancer has been developed.

Treatment.—Nothing has been developed which in any sense detracts from the rôle of surgery in the treatment of cancer. Diet, hygienic regime, and all adjuvant measures, should be given their proper place as aids, merely, and in no sense as substitutes for surgical intervention.

Looking Forward.

Surgery removes either a precancerous condition or a malignant process that has already become active in the body. While this method of treatment is the best we have to offer to-day, it is to be devoutly hoped that the painstaking research and clinical observation of the host who are devoting so much attention in laboratories and hospitals all over the world to the means of conquering this dread malady will result in finding the essential etiology, and offer us a surer prevention and a better cure.

CHILDBIRTH

Dr. E. P. Davis, in the February number of *Long Island Medical Journal*, contributes a thoughtful article on the subject of obstetrics. He points out that while the morbidity and mortality of the most frequent and most dangerous diseases have been considerably lessened during the last few years, such has not been the case with parturition, in spite of the introduction of antisepsis. Contrary to the assumption of doctors, antisepsis has not banished septicemia. The United States stands fourteenth on the list for its parturition mortality.

Parturition is a physiological process in the physiological individual; but in the pathological individual it becomes a pathological process of considerable danger.

To conduct an aseptic *accouchment* costs money. It is difficult of accomplishment in an ordinary household, and very difficult in the homes of the poorer classes—where most of the babies come from.

Davis thinks we should have numerous hospitals which the middle class people could use for confinement purposes at a moderate rate, only members of the hospital staff should attend the patients. The experiment of allowing the profession in general to work in hospitals has been tried without satisfactory results.

Failing the hospital, most of the work ought to be done by men trained particularly in obstetrical work. If the general practitioner undertakes obstetrical work he should have a thorough knowledge of diagnosis by palpation, auscultation and pelvimetry. He should be familiar with the signs and symptoms of pregnancy and with the rate of growth of the fetus in the uterus. He should be familiar with the essentials of normal labor. Such familiarity will enable him to detect promptly that which is abnormal. In the multiparous woman under normal conditions, if he is sufficiently versed in obstetrics to practise antiseptic precautions thoroughly, he may safely undertake, in the home, a spontaneous birth; but a primiparous patient should go to the hospital.

INSANITY

Dr. Walter B. James laments* that so little attention is given to mental diseases, in comparison with what is given to medical and surgical disorders. He estimates that there are 1,000,000 feeble-minded and insane in the United States, and probably 2,000,000 mentally sick. The scientific nomenclature used by psychiatrists may have something to do with causing the general practitioner from acquainting himself more with the subject. The general practitioner ought to know something of the symptomatology and treatment of mental disorders, because most of the cases of commitment pass through his hands and

*N.Y. *Med. Jour.*, March 2, 1918.

are for a time under his care. Unfortunately, the medical schools pay scant attention to this subject. The anatomy and pathology associated with a cerebral embolus are rather carefully studied, but the lesion associated with a mental aberration or its possible alleviation is given but scant study. Biology, physics and chemistry are stressed, but not psychology!

As contrasted with the attention given to tuberculosis, insanity suffers greatly; but it should not. In tuberculosis the cause has been discovered, the prevention and the cure, and the laity and the profession everywhere are busily engaged in trying to stamp out the white plague. As to mental disorders, the cause is known in a large percentage of cases, a high proportion are curable, and to a large extent they are preventable.

Every medical student ought to be taught normal psychology, then the abnormal; he ought to have clinics in hospitals for mental diseases and ought also to serve as an interne for three months in such institutions.

James suggests that we shall see preventive sanatoria for mental troubles, such as we now have for pulmonary.

God speed the day.

THE ELDERLY CONSUMPTIVE

THE *Medical Press* has the following summary of treatment for this kind of patient:—

To sum up: (1) The E. C. will do better at home, or in a nursing home, than at a sanatorium. (2) In the absence of very potent indications special treatments are to be avoided. (3) Rest as outlined above is the most important curative factor; after the first two months in bed, and, of course, in the absence of marked pyrexia, dry massage of the limbs and abdomen should be given, beginning with five minutes a day, the temperature being watched. Thus the muscles and viscera are kept in tone, and dyspnea, fatigue, and fever, when the patient begins to walk again, are minimized. The daily rests during convalescence should be for one and a half hours before, and for one hour after, the mid-day meal; and for one and a half

hours before the evening meal. The posture selected should be that in which the patient coughs least; he can soon find this out by experiment; the semi-prone or lateral are best, and the dorso-recumbent, which disfavors drainage by gravitation, is the worst. Absolute silence should be maintained, and failing sleep or mental vacuity the lightest of light books only may be read.

(4) Feeding.—Many patients while in bed can tackle and digest a square meal which they could not look at if they were up and about. So long as this is so with the E. C. he must stay in bed. Let him eat and drink thrice daily, and at stated hours only. Nothing between meals, and especially not milk or tea. Thus only can the stomach empty itself and rest before fresh labors. With the evening meal a moderate dose of good wine or whiskey may be taken with benefit to body and mind. To swill the stomach with milk is a pernicious dietetic error. Let the E. C. take the extra fats and salts he needs in the form of best olive oil, two teaspoonfuls mixed or cooked with each meal, and calcii lactatis recentis gr. iii., ter die, in the same way.

WOUNDED NEAR THE FRONT

Col. H. M. W. Gray, C.B., A.M.S., of Aberdeen, presents a useful paper to the *New York Medical Journal* on the Surgical Treatment of Wounded Men at Advanced Units. He says the most successful methods are the simplest, and those which follow the indications of nature most closely. The effects of treatment of the wounded at the earliest stages are reflected in the whole course of his subsequent illness. The influence of early treatment cannot be overestimated. The three great factors for evil in the early stages are shock, hemorrhage and sepsis. A man with a fractured femur who lies out for a day arrives at the casualty station in better condition as regards shock than those transported without delay. Transportation adds to shock; so much care must be taken to give rest and immobility to the injured part and to keep the patient warm. Morphine, gr. $\frac{1}{4}$, may be given, or $\frac{2}{3}$ of a grain of omnopen (an

extract of opium). The latter is less depressing than the former. . . . Sepsis is most likely from the gas bacillus, which is all the more deadly on account of the shock and the hemorrhage. One good results from shock, less hemorrhage. Shock often accompanies light wounds, shell shock. Only warm fluids—preferable hot tea—are given to operable cases. Warmth is secured by means of a blanket-covered cradle placed over the stretcher, the interior being warmed by a small spirit lamp, whose heat is carried by a pipe, bent at right angles, the horizontal arm opening into the improvised cradle tent. Dr. Gray then describes some ingenious splints—the Thomas, Bowlby's, Jones', De Page's, and shows photographs of them separate and in place on the patients. The article is well worth reading by every general practitioner. Its appearance at this juncture will be of much service to our Yankee medical brothers, who are now by the thousand preparing to face the foe.

PHYSICAL CHANGES IN PULMONARY TUBERCULOSIS

Dr. S. A. Silk, of the Government Hospital for Insane, Washington, D.C., contributes a useful article on the psychical changes observed in pulmonary tuberculosis and its relation to insanity, in a recent number of the *Medical Record*. Dr. Silk says there is no special psychology peculiar to pulmonary tuberculosis, though he admits that the disease will produce certain reactions which will be reflected through the psyche. Neurasthenia and allied neuroses may indirectly act as causes in producing the disease. Selfishness and disregard for others in the insane are not due to tuberculosis. Fear is a common symptom in the insane consumptives, though some of the patients are unconscious of it. They ought to be helped to overcome fear. Healthy associates can do much toward assisting the sufferers to bear and overcome their affliction. Pulmonary tuberculosis does not cause insanity, though it may be the "last straw." There is no special form of insanity peculiar to tuberculosis, though over 70 per cent. of the inmates of Dr. Silk's institution with dementia præcox have Tb.! This may be in part

accounted for by their "shut-in" proclivities. Every hospital for insane should have special provision for caring for its tuberculous patients. Dr. Silk's hospital has, and they are obtaining as good results as are being obtained in the regular sanitaria. The considerable mortality of the consumptive insane may be much reduced if more care is taken to giving the patients repeated chest examinations, particularly the precox cases.

TREATMENT AND CONTROL OF VENEREAL DISEASE

In the December number of the *Edinburgh Medical Journal*, Dr. Wm. Robertson, M.O.H., for Leith, contributes a timely article on the "Treatment and Control of Venereal Disease." After discussing the technique of the treatment of syphilis, by means of "606," "914," and other measures, he says the conclusion forced on one is that notification of the diseases coming under the name of venereal disorders must soon be approached. He further suggests the systematic inspection of ships' crews—both in foreign and home ports. "It suggests cowardice on our part," he adds, "when we talk of the horrors of syphilis and allied disorders with bated breath and behind closed doors. If the truth is to be known, out with it." . . . "Meantime we are at sixes and sevens." . . . "We have only reached the stage of discussing whether the preventive method of fighting venereal diseases is a good procedure or a bad one." . . . "Among the troops possessing prophylactic outfits, the proportion of venereal infection is much lighter than among those unprotected by defensive weapons." . . . "The outfit given in a certain unit consists of five capsules of calomel ointment, five 2-gr. tablets of pat. permanganates, and five sheaths—full instructions being enclosed with each packet." . . . "A well-known authority. . . . has strongly urged the necessity for the systematic inspection of women in brothels." "This authority is able to adduce the following indictment and noteworthy example of *laissez faire* policy:—'Daily and nightly the districts were crowded with thousands of men in khaki. Outside the more noted brothels long queues of sol-

diers waited their turn.' " . . . "But the authorities continued to look on, while the military hospitals were kept busy with '606,' '914,' and mercurial administration."

Dr. Robertson concludes by saying that if calomel cream can avert an invasion of the spirocheta pallida or the gonococcus, employment of the medicament should be universal; and that every procedure that can eradicate and prevent venereal diseases should be fully employed.

After reading Dr. Robertson's article one does not wonder at the king's call for prayer. But, besides prayer, action is needed to stem this awful tide of incontinence and disease. Only medical men know what will happen when these soldiers return—the married ones to their wives, the single to be married. It will be a case of "Mary, pity women."

Our military medical men, our health officers and representatives of the Medical Council should be convened by the Government, to take instant and powerful measures to prevent and control this monstrous evil.

PERINEAL REPAIR

Dr. Barton Cook Hirst, writing in the *American Journal of Obstetrics,* Vol. 76, recommends the abandonment of the practice of immediate repair of the perineum following childbirth. He says good work is impossible in a poor light, the patient on a bed, tissues bruised, and more or less unrecognizable. He waits one week.

Dr. Pohlman Pool (reported in the same journal), disagrees to an extent with Dr. Hirst. Patients do not like to submit to a second anesthetic and operation, and the average young practitioner could not afford to perform such operations for the nominal sum he can collect. The superficial and straight variety of wounds are readily coupled and stitched during the third stage. Deeper tears may be done after the placenta is expelled. If the wounds are crooked or ragged as well as deeper, better postpone. The most difficult cases are those in which the levator ani is torn from its bony attachment, and should be

done later in a hospital. The lower levator injuries separating it from its attachment to the rectum may be repaired at once. Complete lacerations should be attended to immediately, if other circumstances are favorable. Dr. Pool thinks that all tears of whatever sort ought to be repaired within twenty-four hours.

ROENTGEN THERAPY

Dr. George E. Pfahler, of Philadelphia, a leading American roentgenologist, has devoted great attention to Roentgen therapy. He agrees that malignant disease which can be completely removed should be dealt with surgically; but that each operation for malignant disease should be followed by post-operative treatment by x-ray, the extent and character of such treatment to depend on the location of the disease. Where delay in operation is necessary, ray-treatment should be given and directed toward the glandular area. Inoperable cases should always be given the benefit of the rays. The lesions in some cases will be removed completely and, in other cases, operation is made possible. Treatment in such cases should be instituted promptly and not left until the patient is dying. Local recurrences yield to this form of therapy fairly well, some cases recovering completely.

Dr. Pfahler reports four cases of metastatic carcinoma in the bones which healed under treatment.

Our readers who may be interested in Dr. Pfahler's work may consult some of his papers in the following publications:—*The New York State Journal of Medicine,* September, 1915; *The Journals of the American Medical Association,* May 1st, 1915, and November 18th, 1916; *The American Journal of Roentgenology,* February 16th, 1916; and *The Interstate Medical Journal,* Vol. XXII., No. 10; and *Surgery, Gynecology and Obstetrics,* January, 1917.

Personals

The new commanding officer for McGill Hospital is understood to be Col. Lorne Drum, who until recently was A.D.M.S. for the 5th Division.

Col. A. E. Ross, M.P., for Kingston, has been appointed Director of Medical Services for the Canadian section, general headquarters, in France. He has also been promoted Brigadier.

Dr. H. B. Anderson has been appointed by the Minister of Education, the Hon. Mr. Cody, Chief Medical Referee for the Ontario Branch of the Inspectors' and Teachers' Superannuation Fund Commission.

The Regina Medical Association will erect a tablet in the local General Hospital to the memory of Dr. E. E. Meek, of Regina, who was killed in France while operating on a wounded soldier in a Red Cross hospital bombed by German airmen.

Lt.-Col. J. W. S. McCullough, Provincial Medical Health Officer, was offered the post of commander of the Stationary Hospital of the Siberian expedition. He was unable to accept the offer, ministers of the Ontario Government saying they could not see their way clear to releasing him from his Ontario work.

Col. J. M. Elder, of Westmount, who succeeded Col. Birkett, C.B., when the latter was invalided home, has just been appointed a consultant surgeon for the area of Rouen. The appointment is under the R.A.M.C., and may be taken as a tribute to the good surgical work Dr. Elder has done at McGill Hospital.

Lt.-Col. E. Stanley Ryerson, Assistant Director of Medical Services in Military District No. 2, has resigned and resumed private practice, with his office at 143 College St. Lt.-Col. Ryerson returned to Toronto in January, 1917, after serving at Saloniki with the Toronto University Hospital and in March, 1917, he was appointed successor to Col. Marlow.

Capt. J. H. Box, M.C., and Lt. Hendry Connell, of Kingston, have been selected from the 3rd Division to go with the Medical Corps of the Siberian Expeditionary Force. Capt. Box has seen service in Macedonia and China. He was a former Queen's football and hockey player. Lt. Connell, who will be in charge of the Laboratory Department, is a son of Dr. J. C. Connell, Dean of Queen's Medical College.

Lt.-Col. C. S. McVicar, who returned from overseas recently after three years' service, has been appointed Senior Physician at the Spadina Military Hospital. It was with the University Hospital that he went to Saloniki, and after leave last year he was appointed in charge of a department at the Ontario Government Hospital at Orpington, England.

The name of Lt.-Col. L. E. W. Irving, D.S.O., of Hamilton, is being mentioned as the successor of Lt.-Col. E. S. Ryerson, who is shortly vacating the post of Assistant Director of Medical Services in this district. Col. Irving served in South Africa with the Royal Canadian Field Artillery, and it was here he won the D.S.O., and was mentioned in despatches. In the present war he went over with the 15th Battery and was for some time in charge of the Epsom Hospital, England.

The following Canadian Army Medical Corps officers from the Toronto Military District have been warned for an early departure overseas: Captains G. S. Foulds, H. W. Baker, O. R. Mabee, W. L. Robinson, N. W. T. McLaurin, F. R. Smith, H. R. Adams, J. F. Hazelwood, E. C. Pugh, G. D. McTaggart, J. L. Poirier, C. V. Bailey, S. W. Otton, W. H. Avery, H. E. V. Duffett, N. M. McNeill, W. W. Buttle, W. C. Allison, H. N. Greaves, H. B. Freel, H. C. Hagyard, R. L. Morrison, A. E. Naylor, A. H. Naylor, A. W. Gregory, B. Hanna, D. M.

Baker; Lieutenants J. P. Fawcett, L. G. Hillier, E. C. Riseborough, W. H. Batten, J.C.Copp, J. R. L. Eede, G. H. Agnew, D. M. Low, W. Harris, C. C. Brown, J. W. Leach, B. Cohen, L. Wagner, C. A. Findlay, J. D. Macdonald, W. A. S. Geddes, R. B. Kennedy, J. W. Sinclair, J. M. Robertson, E. G. Coulson.

In charge of the party of doctors will be Capt. G. S. Foulds. It has been Major Foulds, but he has reverted in rank to get overseas. He has been for some time in the office of Lt.-Col. E. S. Ryerson, A.D.M.S.

Word has been received from Ottawa of the appointment of Major Dr. W. M. Carrick, of Hamilton, as Medical Officer with the Siberian expedition. He will be attached to the Field Ambulance.

Major Carrick, who went to Niagara early in 1915, has held important administrative posts in Military District No. 5, serving at Valcartier on the headquarters staff; in Quebec, as President of the Standing Medical Board which dealt with all the returned soldiers at the discharge depot. After the abolition of the depot at the end of last year, he was made D.A.D.M.S. of the District. For some months past Major Carrick has been at Valcartier Camp as A.D.M.S.

A beautiful tablet to the memory of Lt.-Col. John McCrae is to be placed in the Royal Victoria Hospital, Montreal, and contains the following inscription:

"In memory of Lieutenant-Colonel John McCrae, assistant pathologist and assistant physician, 1904-1917, chief of the medical division, No. 3 McGill Canadian General Hospital, Boulogne, France, consultant of the First Army. Died on active service in France, January 28th, 1918." Then follow the stanzas of Colonel McCrae's now famous poem, "In Flanders Fields."

Dr. J. B. Calkin, the oldest and most widely known educationist in the Maritime Provinces, died after an illness of two weeks at his home in Halifax, aged eighty-nine. The late Dr. Calkin was for many years Principal of the Provincial Normal College, and was the author of several text-books. He was also prominent in public and church affairs. He held honorary degrees from the Dalhousie and Acadia Universities.

The Physician's Library

Naval Hygiene. By James J. C. Pryor, A.M., M.D., Medical Inspector, U.S. Navy. Published with approval of the Surgeon-General. 153 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St.

The author writes from personal experience, observation and research. A handy volume, full of interest and very instructive. The work is particularly *apropos* now, seeing so many young medical graduates are joining up for the U.S. and British navies. The subjects of food, ventilation, clothing, ship architecture, disinfection, and a description of the commoner diseases met with afloat, are briefly discussed, and will be found enlightening to landlubber as well as seafarer.

A Laboratory Manual and Text-Book of Embryology. By Charles W. Prentiss, A.M., Ph.D., late Professor of Microscopic Anatomy in the Northwestern University Medical School, Chicago. Revised and extensively rewritten by Leslie B. Arey, Ph.D., Associate Professor of Anatomy in the Northwestern University Medical School. Second edition, enlarged. Octavo of 411 pages with 388 illustrations, many of them in colors. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $4.00 net.

The second edition of this text-book of embryology has been carefully revised, and represents the result of painstaking evaluation of the embryological contributions of recent years. By incorporating the fundamental advances into the volume an attempt is made to indicate the trend of modern tendencies. The book is well written, beautifully printed and illustrated, and the text excellent. Students and graduates will do well to study its pages.

Aids to Diagnosis. By Arthur Whiting, M.D., Dean of the North-east London Post-Graduate College. 2nd edition. London: Bailliere, Tindall & Cox, 8 Henrietta St., Covent Garden; 1918.

This handy little volume sets forth in a concise and clear form the leading symptom or symptoms of the various diseases, and after arranging the diseases presenting these symptoms in groups, to ultimately differentiate the members of each group as clinical entities. The basis of the attempt is clinical rather than pathological. A splendid little work for senior students, post-graduate students, young practitioners and super-nurses. A description of the hospital ship will be found entertaining to hospital workers.

Text-Book of Chemical Pathology. By H. Gideon Wells, Professor of Pathology in the University of Chicago and in Rush Medical College, Chicago; Director of the Otho S. A. Sprague Memorial Institute. Philadelphia and London: W. B. Saunders Company. Sole Canadian agents: J. F. Hartz Co., Toronto.

This deservedly popular text-book is very comprehensive in its scope, starting off with a description of cell chemistry in general and later taking up the action of enzymes, the chemistry of bacteria and their products as well as that of animal parasites and toxins. The chemistry of immunity reactions is gone into very carefully, both as to theory and practice, so that anyone wishing for information along the lines of the tests for Agglutinins Precipitins, the Meiostagmin reaction, the Epiphanin reaction or the Abderhalden reaction, might find here accurate working directions for the same. The chapter dealing with complement fixation reaction explains in detail this and associated phenomena thoroughly. The principles governing inflammation and its results are carefully explained as also growth and regeneration, including a short resume on vitamines. The chemical physiology of the blood, thrombosis and pathological variations of this process, as well as conditions giving rise to the various anemias, are gone into in detail, as well

as the pathological variations of the lymph stream and edema. A very interesting chapter deals with autointoxication, covering uremia eclampsia, and a very striking group of cases comprehended by the symptom-group term, Acidosis, our present knowledge of which is very adequately epitomized. The chapter on diabetes by Dr. Woodyatt gives a very comprehensive review of carbo-hydrate metabolism in general and the varying concentrations of blood sugar and their results. Dr. Woodyatt, in his own laboratory, has contributed much toward this study by observing intravenous injections of sugar solutions accurately timed. The theories of diabetes are succinctly set forth with an excellent compilation of the literature essential to a complete study of these problems. Chapters on the chemistry of the ductless glands and uric acid metabolism complete a book which, both to the student, physician or laboratory worker, would serve as an excellent source of information and guidance.

A *Handbook on Antiseptics.* By Henry Drysdale Dakin, D.Sc., F.I.C., F.R.S., and Edward Kellogg Dunham, M.D., Emeritus Professor of Pathology, University and Bellevue Hospital Medical College; Major, Medical Officers Reserve Corps, U.S. Army. New York: The MacMillan Company. 1917.

This little book will fit the general practitioner's pocket (in a double sense) and can be digested in a few short spare hours. It gives a classification of the various antiseptics in use, shows their comparative strength as germicides, and indicates how they act upon the germs and upon the tissues. There is an interesting chapter on the electrolytic formation of hypochlorite from sea water. This is a timely volume.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIV. TORONTO, DECEMBER, 1918 No. 6

Editorials

"JOY COMETH IN THE MORNING"

No class in the community know better than the medical profession the cruelty of war and the suffering that has resulted since August, 1914, when the greatest murderer of all history, the man-eating Tiger of Europe (and may he and his breed fill criminals' graves before this appears in print) threw the entire world into a maelstrom of agony. All honor to the army of medical men who "forsook all" and followed the flag, and a welcome beyond words to those who are spared to return to civil practice. Many have died the hero's death and sleep to-night "in Flanders fields," their slumber-song left to the aching heart of this sad old world by our Canadian confrere, Dr. John McCrae. *This day they may sleep well indeed—dreaming of Peace.*

November 11th, 1918.

ANTI-TYPHOID VACCINATION

IN view of the splendid results obtained in the fighting armies by the use of anti-typhoid vaccination, Dr. George Porter, of Toronto, may not be too radical when he advocates general anti-typhoid vaccination in rural communities owing to the numerous sporadic cases occurring throughout the country, due to the infection of so many wells.

All recruits on entering the Canadian army are inoculated, and every year thereafter, though it has generally been conceded that the effects of inoculation last about two years.

In some hospitals it has become the custom to inoculate all nurses, whilst in others the custom is not enforced, but left as a voluntary matter.

THE GO-BETWEEN

MEMBERS of our profession ought to get together on numerous problems: Health Insurance; Ministry of Health; Medical Education; Fees; Legislation. Arising out of Justice Hodgins' report, legislation will be forthcoming at the next meeting of the Legislature, and one point to be considered will be the appointment of some medical man to represent the medical profession and its views to the Government, as recommended by the Commissioner. With this recommendation of Justice Hodgins we cannot see eye to eye. We cannot conceive of one man being equal to such a task; rather would we recommend a small representative committee.

In large industrial institutions many matters now are submitted to a committee. Several superintendents, specialists in various phases of the business in its scientific, mechanical and sociological aspects, are appointed to consider together and conclude what is best to be done.

We doubt the competency of any one man to act as this go-between, though we doubt not there are a few who consider themselves equal to the task.

SALARIES OF MEDICAL HEALTH OFFICERS

A FEW weeks ago a Toronto morning paper had the following:

> At to-night's special meeting of the Council a telegram from Dr. J. W. S. McCullough instructed Mayor Buchanan to fill the position at a salary of $200 per year, subject to approval by the Council.

A Toronto evening paper had the following:

> Mayor Church has written the Hon. W. D. McPherson, Provincial Secretary, inquiring if Dr. J. W. S. McCullough is in receipt of a salary from the Provincial Government, as Provincial Health Officer, and also in receipt of pay in the sanitary department of the Army Medical Corps.

We did not see a report of Mr. McPherson's reply, but presume Doctor McCullough is in receipt of pay from the two sources. To which we have to say the office of Provincial Health Officer is a large enough job for one man's full time, for which he ought to receive a decent remuneration. And think of a reputed self-respecting Ontario town of four thou-

sand people paying the magnificent sum of $200 to the guardian of the public health; and of a man drawing two salaries recommending such a fabulous amount. Ye gods! What is the profession coming to?

MAGNUM CAPUT

A C.A.M.C. officer avers that one of the after effects of the war will be that the world will be flooded with young men who will call themselves surgeons. A youngster straight out of college, or who has had a few years of country practice, is put in charge of a surgical ward and is allowed, either through press of work or by lack of vigilance on the part of the officer in charge of surgery, to do an amount of operating to which he is not entitled by his training or capabilities. Before he has had time to see the effect of his work his cases are evacuated to another hospital. The patient does not know who he is. There are no critical neighbors or relatives to bring his mistakes home to him. He, therefore, develops self-confidence much more quickly than knowledge, skill or judgment. As he is paid the same whether idle or busy, if he is not very conscientious he is liable to do as little as possible and to get careless about the little he does.

This critic concludes by saying that "military surgery will make some men into good surgeons, but it will be the spoiling of the medical careers of many more."

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P., Lond., Ex-President of the American Medical Editors' Association; Associate Coroner, City of Toronto.

Hospital Administration:
MRS. AMY A. ARMOUR SMITH, R.N., New Rochelle, N.Y., Ex-Superintendent, New Rochelle Hospital, New Rochelle, N.Y.; A. K. HAYWOOD, M.B., Toronto, M.R.C.S., L.R.C.P., London, Medical Superintendent Montreal General Hospital.

Pediatrics:
ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:
W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

Clinical Medicine:
ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

Mental and Nervous Diseases:
N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

Gynecology and Obstetrics:
B. P. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

Pathology:
J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:
J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

Nose, Throat and Ear:
PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

Dermatology:
D. KING SMITH, M.B., Tor., Toronto; Demonstrator in Pathology, Toronto General Hospital.

Managing Editor:
W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Society Proceedings

ACADEMY OF MEDICINE, TORONTO

SECTION ON OBSTETRICS AND GYNECOLOGY.

Prof. B. P. Watson presided at the first meeting of this section of the Academy. The occasion was historic, and the programme was worthy of the occasion. Dr. Watson, in his inaugural address, stated that the function of the Academy was to stimulate original work and investigation; to arrange programmes for the benefit of the general body of Fellows, who ought to take part in the discussions; and to foster *esprit de corps.* The Fellows should present the results of this work and clinical experience. They should not become a mutual admiration society; they should encourage constructive, not destructive, criticism. Obstetrical and gynecological practice was passing through a time of change: old theories and methods of treatment were being supplemented by newer ones. Obstetric practice was apt to become stereotyped and certain superstitions were entertained regarding it. In the eyes of the public any departure from the practice obtaining in their day was looked upon with suspicion; and, if anything went wrong under the newer methods the doctor was blamed. In obstetrics, the essayist declared, every new procedure ought to be argued and established before being taken up by the general practitioner, who must feel that he has the opinion of the best members of the profession behind him. We must follow the mean between ultra-radicalism and ultra-conservatism. Modern progress doesn't always tend to more radical methods of procedure. Some of the most noteworthy changes in obstetric practice, leading to a marked lessening of mortality and morbidity, were

in the direction of greater conservatism. In certain conditions nature could effect what we cannot by artificial interference. We must be radical in our conservatism. With the advent of anesthesia, instruments and newer technic, the tendency was to operate too much and too often. A reaction was setting in. We were now advancing in two opposite directions: to a surgical radicalism and an extreme surgical conservatism. To illustrate: Take a case of labor in a woman with a moderately contracted pelvis—one of the commonest difficulties met with. Success or failure depended on the judgment and skill of the attendant. He must have a clear idea of how he is going to act. Careful measurement of the pelvis ought to be made earlier in pregnancy, and a comparative estimate made of the size of the head with the brim before labor; procedures which are easy and easily carried out by any member of the profession. We make up our minds as to the likelihood of the natural delivery of a living child. If the decision is against that action Cesarian section is indicated. As the risk attendant on this operation increases every hour promptitude is essential. So we step in in the most radical fashion. But, if we decide a living child can pass through the pelvis we must be equally thorough in our treatment. We must conclude that the case is going to be long drawn out; must give the cervix time to dilate, time for the head to mould; must not attempt to use the forceps until the head is engaged; must be content to wait twenty to twenty-four hours in a primiparous case, and must not interfere too early. Patience and courage are required to carry out such a treatment; and it must be carried out in this deliberate manner in spite of the criticism and abuse of the patient's relatives. The patient in the later stages may be relieved by morphine, hyoscine narcosis, chloroform, gas-oxygen or ether. (It is a pity, at times, these soporifics could not be administered to the fussy friends.)

Scientific instruments have been brought into disrepute through the abuse of obstetric forceps. Fifteen or twenty years ago arguments were rife concerning axis-traction forceps of different makes. To-day we hear and see nothing of these in

our societies and journals. In modern obstetrics axis-traction forceps are hardly ever required.

So in these cases of contracted pelvis we see ultra-radicalism (early section) on the one hand; and ultra-conservatism, by prolonged natural delivery, on the other. The choice of the mode and thoroughness are the measure of the skill of the obstetrician.

Puerperal infection. Experience and research show that instrumental manipulations are to be avoided; they may change a local into a general infection. The old idea that an intra-uterine douche or curettage is necessary must be abandoned. We must allow nature a fair chance to help in combatting the infection.

Again, in cases of septic thrombophlebitis of the pelvis veins, many operators obtain good results by ligature of these veins—a radical surgical operation.

Eclampsia. The choice lies here between conservative management and accouchment force. Each has given good results. The opinion of most authorities is that the particular line chosen depends on individual opinion and choice—often made more from general clinical instinct than from true scientific data. And so it must remain until the case has been established.

The essayist then alluded to the success attendant in the use of radium in cancer and fibroid cases; and the therapeutic treatment of pathological conditions of the ovaries and other ductless glands. In cases of extensive pyo-salpinx and involvement of uterine and contiguous tissues, complete extirpation of all diseased tissue was called for.

PYELITIS COMPLICATING PREGNANCY

A PAPER on this subject was presented to the Academy of Medicine (Obstetrical Section) by Dr. K. C. McIlraith. It was two years since he last addressed the Academy on this subject. Its importance was his excuse for bringing the subject up again. The essayist reviewed the earlier bibliography

of the subject and stated that it was not until 1902 that much had appeared on it. From that date to 1907 there were five papers. During the next five years there were thirty-five papers. In 1913 several papers. In 1915 Professor Watson's paper appeared and in 1916 the essayist had published his first contribution. As late as 1909 one authority, in publishing his experiences, could suggest no other measures for relief of this condition than the induction of abortion or premature labor. The nomenclature reflects the pathology: pyelitis of pregnancy, pyelo-nephritis of pregnancy. The essayist's view was that whatever structures became ultimately involved it was probable that the pelvis of the kidney and the upper part of the ureter were first involved. Pyelitis is reported much more commonly in females than in males; in pregnancy and the puerperium than at other times; and more often in the right side than the left side. The greater attention paid to urinalysis in practice may be responsible for the greater frequency of its discovery. More extended observation may enlarge our views. The essayist had found it as early as the third month—more commonly from the fifth month on. It is apt to recur in successive pregnancies, the patients being free from symptoms in the intervals. Different members of the same family under different physicians in different hospitals have suffered from this disease. Tenderness, swelling and pain in the region of the kidney (generally the right) fever, general malaise and sometimes chills, with well marked endocytosis, constitute the principal symptoms. The urine is usually acid and contains pus and bacteria. It is unusual to find casts or squamous epithelium as one would in nephritis and cystitis respectively. Hemorrhage may be marked. Dr. McIlraith had one or two very marked cases of hematuria. Pyuria, bacilluria, accidentally discovered, may be the only signs present. The patient may not know there is anything the matter with her. These signs may persist long after the more acute symptoms have subsided. On the other hand, tenderness over the kidney, bacilluria and fever may be the only signs present at first—the pyuria not occurring until a few days later. One must not confuse the cases with renal pain and tenderness which preg-

nant women often suffer from when not drinking sufficient water. Increase of urictrition and dysuria have been reported; the essayist had not noted these symptoms in any of his cases. If one notes any fever in the puerperium pyelitis should be suspected. The infective organism in the essayist's cases, was the bacillus coli communis—in pure culture, generally; occasionally in association with the streptococcus. In one case the typhoid bacillus was responsible, as was proved by a positive Widal and the isolation of the typhoid bacillus. Recovery followed the vaccine treatment. The staphylococcus and gonococcus are responsible for this condition sometimes. The route of invasion of the infective organism may be by ascending infection from the bladder, a primary blood infection or a direct infection from the wall of the colon in patients without a meso-colon—the colon lying directly against the pelvis of the kidney, causing right-sided infections. One of the essayist's patients developed a right-sided pyelitis after her third pregnancy. She had suffered from a severe colitis between her first and second pregnancy. There may have been some connection between the two infections. Dilatation of the ureter was probably due to pressure and rotation of the enlarging uterus. It has been noted that in 66 per cent. of pregnancies there are germs in the urine. How these organisms get beyond the point of pressure is still uncertain. The treatment of pyelitis consists in the use of urinary antiseptics, the most popular of which is urotropin; alkalies, postural treatment, the colpeuryuter and vaccines. If the urine is alkaline acidulators should be administered. The essayist has found urotropin—30 to 40 grains daily, well diluted—very satisfactory; though it is known to produce hematura occasionally, in which event, of course, its use must be stopped. Neglected cases of pyelitis of pregnancy may terminate in pyo-nephrosis, in which event, a nephrectomy or nephrotomy is called for.

NORTHWESTERN MANITOBA MEDICAL ASSOCIATION

The Northwestern Manitoba Medical Association held its annual meeting recently. A large number of practitioners from other fields were present and a most interesting session was the result. The President, Dr. O'Brien, was in the chair. Dr. Fryer of Virden gave a paper on "Clinical Methods and Diagnosis," and Dr. Goodwin, of Elkhorn, presented several clinical cases from which developed interesting discussion. The officers elected for the current year are: Honorary President, Dr. O'Brien, Rossburn; President, Dr. F. A. Smith, Birtle; Vice-President, Dr. Hudson, Hamiota; Secretary-Treasurer, Dr. Tisdale, Kenton; Committee, Dr. Andrews, Minnedosa; Dr. Swallow, Russell; and Dr. Fryer, Virden.

HALF-YEARLY REPORT OF THE BRANDON MEDICAL DEPARTMENT

The half-yearly report of the Brandon Health Department has been submitted by the Health Officer, Dr. E. S. Bolton, and Sanitary Inspector Davies, to the City Council. It shows the health conditions of the city as a whole satisfactory. There were no cases of typhoid fever during the last half-year. The total number of cases of infectious diseases reported was 97, of which 14 were outside cases. Diphtheria had but one death. There were no deaths from the usual infectious diseases. Three deaths occurred out of ten cases of tuberculosis. The low sickness and mortality rates were due to the improved sanitary enforcements. The decrease in the infant death rate was a source of great satisfaction. It had been decreased by fifty per cent. when compared with the figures of 1917. This was due to the milk supply which was very satisfactory, and there was no scarcity at present. Of the dairies inspected only one had to be regulated. The valuable co-operation of the Mayor, Mag-

istrate Fraser, Mr. Kenneth Campbell of the Children's Aid Society, and the Chief of Police had been of the greatest service to the Health Department and had been instrumental in bringing about improved conditions.

ONTARIO MEN AT THE HUB

We are pleased to note the prominent part taken by medical men of our province at the last meeting of the Climatological and Clinical Association, which convened in that city after which a special preparation of beans has been named. Dr. Jabez Elliott, of Toronto, presided, discussed many of the topics, besides delivering an instructive presidential address on "Late Results of Gunshot Wounds of the Chest." Dr. George D. Porter read a paper on "Anti-typhoid Inoculation in the Canadian Army," while Dr. Charles D. Parfitt presented a communication on "Five Years' Experience with Artificial Pneumothorax." Dr. Parfitt's results showed the advantage of pneumothorax in properly selected cases.

SASKATCHEWAN MEDICAL ASSOCIATION

The eleventh annual convention of the Saskatchewan Medical Association closed July 18th. The election of officers resulted as follows: President, Dr. J. V. Cornell, Regina; First Vice-President, Dr. Hart, Indian Head; Second Vice-President, Dr. Valens, Saskatoon; Secretary-Treasurer, Dr. Turnbull, Regina; executive, Drs. Rothwell, Regina, and Ramsay, Moose Jaw; and Wright, Saskatoon. Dr. Blanchard, of Winnipeg, gave the concluding address on the work of the C.A.M.C. in France.

The Physician's Library

Medical Record Visiting List. 1919, Revised; New York, William Wood & Company. For thirty patients, $1.50; 60, $1.75; 90, $2.25.

This very handy little pocket volume, while mainly for the lists, contains hints on wills, artificial respiration, signs of death, antidotes and procedure in poisoning of all sorts, dosage, solutions for subcutaneous injection, dosage, estimation of probable duration of pregnancy, etc. invaluable data at hand, which, to a great extent cannot all be held in memory.

The Ungeared Mind. By Robert Howland Chase, A.M., M.D., Physician-in-Chief, Friends' Hospital (for Mental Diseases); formerly Resident Physician, State Hospital, Norristown, Pa.; Member of the American Medico-Psychological Association; Member of the Philadelphia Neurological and Psychiatric Societies; Author General Paresis, Mental Medicine and Nursing, and History of Friends' Hospital, Philadelphia. F. A. Davis Company, publishers. English Depot: Stanley Phillips, London; 1918.

While this book is written for the unprofessional reader, it is full of well-digested scientific facts which will be of daily assistance to the family physician who is constantly called upon for counsel in cases of mental or moral perversions. The author has collected in a most acceptable form the important observations of an extensive experience among those who have suffered from mental illnesses, and he has expressed them so clearly that the ordinary reader will readily comprehend them. His instruction to parents and others who have the care

of children and adolescents will be of the greatest advantage and will serve to point out the safe road for proper mental growth and development.

The section on hereditary transmission places the whole subject before the reader in a simple yet comprehensive manner and the lessons inculcated will help all his readers to avoid the disastrous consequences which are so often thoughtlessly and innocently brought about. Rarely has so much that is of the utmost value to men and women in directing their own lives and those of their growing families along a sane and wholesome pathway been presented with such conspicuous simplicity and thoroughness.

A Clinical Manual of Mental Diseases. By Francis X. Dercum, M.D., Ph.D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia. Second edition, revised. Octavo of 497 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $3.50 net. The J. F. Hartz Co., Ltd., Toronto, sole Canadian agents.

This writer's name is so well known by those interested in the study of mental diseases that they will receive this revised edition with pleasure. It is a purely clinical presentation of mental diseases, and was originally intended for the general practitioner. This idea is carried out more strongly than ever in the present edition. The general practitioner, if such a man still exists, as well as all other practitioners of medicine, will find in this book information that will enable them to recognize mental disease at a time when it is most important that it should be detected.

The arrangement of the book is excellent; the various groups are treated in a way that enables the reader to grasp more easily the distinctive marks of the different forms of insanity. A large chapter is also devoted to the mental diseases not ordinarily included under insanity. The management and treatment of these cases, as well as those that we are more in the habit of finding under certain headings, should be of interest to every medical practitioner.

International Clinics. A Quarterly of Clinical Lectures on the Various Branches of Medical Science. Volume II, 28th series; 1918. Philadelphia and London: J. B. Lippincott Company. 1918.

Canadian surgeons will be particularly interested (1) in an article on "Extrophy of the Bladder," by G. P. Muller, of Philadelphia, because of its references to the original work on this condition done by the late George A. Peters, of Toronto; (2) in a clinical lecture on Pancreatitis by E. W. Archibald, of Montreal. Other clinics reported are from (1) Cook County, Chicago, by E. V. L. Brown, on "Focal Infection as a Cause of Keratitis and Iritis"; the "Presbyterian," Chicago, on a number of interesting surgical conditions, by Dean Lewis. I. S. Stone, of Washington, D.C., contributes "A Syllabus of the History of Obstetrics and Gynecology." Charles J. White, of the Massachusetts General Hospital, Boston, contributes a report of his skin clinic, in which several unique dermatoses are reported. Among so many fine contributions, it is difficult to specify the best. Besides, they appeal to different classes of medical men. So everyone who reads the volume finds something to interest and profit him.

English, French, Italian Medical Vocabulary. By Joseph Marie, Philadelphia. Including Reference Tables of Special Value to Physicians and Nurses; Phrases for Directing First Aid to the Injured; Articles on Pronunciation, European Money Tables, etc. Copyright, 1918, by P. Blakiston's Son & Co., publishers, 1012 Walnut St., Philadelphia. Price 50c.

This small book should prove exceedingly useful to medical officers now on the fighting line. It can be easily carried in the pocket of the tunic, and would doubtless pull the owner out of an awkward predicament when trying to find the proper word in a forgetful moment.

Obituary

Dr. A. W. Stinson, of Cobourg, died on October 29th, from influenza.

Dr. H. Softley, of Saltcoats, Sask., a former Brant County teacher, died a few weeks ago as the result of an automobile accident.

Dr. Robert W. Munro, of Smithville, Ont., and his wife, died the last week of October, within two days of each other, from pneumonia. Dr. Munro had been over-worked attending to influenza patients.

Capt. T. R. Guifoyle, of London, Ont., died at Witley Camp, England, on October 28th. He graduated from the Western University, London, and was practising in Belgrave, Ont., prior to enlisting in 1916.

Dr. Kenneth Mackinnon, well-known Guelph physician, died at an early hour on October 30th, a victim of pneumonia. He contracted influenza while attending patients. Deceased was forty-one years of age.

Dr. William T. Little, of Flesherton, Ont., died at Owen Sound on November 2nd. He has served fourteen months overseas as a medical officer, with the rank of captain, with the British Army at Mesopotamia and Bombay. He was a son of Mr. and Mrs. Johnston Little of Owen Sound.

Dr. James L. Stapleton, chief anesthetist at the Victoria Hospital, London, Ont., and one of the youngest and most promising of London's medical practitioners, died at his home

on Friday, November 1st. He was thirty-two years of age and graduated from the Western University in 1908.

Dr. Beal, of London, Ont., died at Rochester, N.Y., on October 31st.

Lt. (Dr.) W. J. Watts, of the Royal Air Force, late of the C. E. F., and Royal Warwickshire Regiment, died at Camp Borden of pneumonia on October 21st. The late doctor was a recent graduate of the University of Toronto.

Dr. J. A. Johnston, of Stayner, Ont., succumbed to an attack of pneumonia on October 26th. Dr. Johnston had been ill for about ten days. Owing to his having worked overtime attending influenza patients, he was unable to withstand any illness. He was a prominent and popular citizen, having served on the School Board and Town Council of Stayner. He was in his thirty-fifth year and leaves a wife and three small children.

Dr. R. W. Faulds, a widely known and successful practitioner at Elmira, Ont., died of influenza on October 28th. He fell a victim to the epidemic as a result of devoting his best energies to attending a large number of patients suffering from the same disease. Dr. Faulds settled at Elmira nine years ago and was a graduate in Medicine of the University of Toronto, prior to which date he was house surgeon at the Erie County Hospital, Buffalo. He was born at Harrietsville, Ont., thirty-six years ago and at the time of his death was Medical Officer of Health for the town.

Dr. G. P. Rutherford, one of the pioneer medical men of Chatham, died on October 23rd. Dr. Rutherford was born at Richmond Hill, York County, in 1844, and when twenty-three years of age graduated from Victoria University, Cobourg. The same year he went to Kent County and began practice at McKay's Corners, where he remained for ten years, then moving to Chatham. His genial nature won him a wide acquaintance.

The sympathy of the entire medical profession in Toronto is extended to Dr. and Mrs. J. A. Todd, 165 College Street, on the death of their eldest son, Major (Dr.) Harvey Todd, at Quebec, on October 16th. Major Todd was overseas till about a year ago, when he returned to Toronto on leave, after which he was sent to Quebec. He died of pneumonia after a short illness. A younger brother, an officer in the Royal Air Force, has been missing for several months and is now presumed to be dead.

Dr. Elisha Jessop, who for twenty years has been a member of Parliament for Lincoln County, passed away at his residence in St. Catharines, on October 24th. He had been ill for some time and lapsed into unconsciousness some days before his death. The late Dr. Jessop was born January 23rd, 1838, in Norfolk, England, coming to Canada when a boy. He graduated in medicine in 1870, and as a young man practised medicine in Jordan, twelve miles from St. Catharines, where he took up his residence, and which has since been his home and the scene of his medical and public activities. The doctor's career began in 1898, when he was nominated by the Conservatives of Lincoln County. Since that date he has been a well-known figure in political circles of the Province.

Dr. James Ewart Brown, F.R.C.P., of 10 Carlton Street, Toronto, died on October 12th, as a result of rendering service to others while his own health was broken. Early the week before his death he contracted grippe, but refused to relinquish the big task ahead of him of looking after the numerous influenza patients. He was a native of Bowmanville. In 1884 he graduated from Trinity Medical School, and took a post-graduate course at Edinburgh, where he was made a Fellow of the Royal College of Physicians. After spending two years in the hospitals in London, Eng., he returned to Canada and practised in Strathroy and Arkona. For two years he was in the Klondike during the great gold rush. In 1904 he came to Toronto, but has been practising only since the spring of 1916. He is survived by his mother, one son, Dr. W. Essen Brown, two brothers and five sisters.

Dr James F. Boyle, formerly of Elora and Toronto, son of the late Dr. David Boyle of the Provincial Museum, died on October 29th, at Edmonton, Alta.

The profession learned with great regret of the death at his late residence, Hamilton, Ont., on November 5th, of Dr. Thomas H. Balfe in his forty-seventh year.

Capt. Hubert Anthony Culham, killed in action on October 4th, took his M.B. at Toronto University in 1910, and was practising in Saskatchewan when he enlisted with the C.A.M.C. He was attached to the C.F.A., being senior medical officer with the artillery reserve at Folkestone, before going out to France with No. 2 Field Ambulance, and finally with the 1st Can. Brigade, C.F.A. He also served on a travelling medical board for a time. He was a son of the late J. A. Culham, of Hamilton, and came to the medical school from the collegiate there, but before completing his course spent two years in Missouri, where for one term he was interne at Ensworth Hospital, St. Joseph.

TRIBUTE TO THE LATE SOUS-OFFICER HARLEY G. SMITH

The following tribute to the memory of the late Sous-officer Harley G. Smith, of the French Foreign Legion, son of our esteemed friend, Major Harley Smith, of Toronto, now serving the colors at Orpington Hospital, near London, England, appeared in the Toronto *Evening Telegram,* and it is worth reading. What a comfort it must be to his parents to know that he died facing the enemy, and "trusting Him."

The casualty lists say that he is dead. But Sous-officer Harley G. Smith, of the French Foreign Legion can never die. Fate interposed again and again to turn from his lips the cup of sacrifice, but again and again he seized it, and he has drained it to the dregs. He has poured out his life and has joined that valiant company of heroes who will never turn their faces homeward again. But his spirit is Canada's, and his story

must move Canadian hearts for all time. Time has robbed us of the distinctness of outline of the stories of Wolfe, Brock, Secord and other synonyms for heroism. They have become blurred like the smooth face of an old penny. But the story of Harley G. Smith comes sharp and glowing from that mint of glorious deeds through which our true young gold is daily passing. The letter he closed, with the shouts to assemble for his last battle ringing in his ears, is worthy of a permanent place in our national literature.

At the outbreak of the war, Harley G. Smith was with his father, Dr. Harley Smith, in Toronto. Dr. Smith, by the way, is now a major on the staff at Orpington Military Hospital. On his own responsibility the young lad went to the States and there trained as an aviator. Coming to England he was given a commission in the Royal Flying Corps. He had almost completed his training in England and was ready for his final tests when he crashed from the height of about three thousand feet and was injured.

No sooner was he about than he again tried the flying game on which his heart was set, but found to his dismay that he had lost his assurance in the air and that his career in this direction was ended. For many a youth this would have ended his efforts to serve. He had done his best and through no fault of his own, fate had interposd a barrier. He could have returned to Canada with a clean sheet and a quiet conscience.

But if he couldn't fight in the air, he felt that at least he could fight on the earth. He managed to secure a commission in an infantry battalion, and was in training camp, warned for France, when word reached him that his brother, Lieutenant Gordon H. Smith, in the artillery, had been wounded and invalided to London. He applied for leave to run up for a day to see him.

The hands of the authorities were tied; the draft was warned for France and no leave could be allowed. Then came a tug of war, with all the weight of his heart and brotherly affection on one side, and military discipline and his judgment on the other. His heart won. It could not be otherwise with

such a lad, however good a soldier he was. He went to London, and in his absence the draft sailed for France. He was absent without leave. There necessarily followed court-martial, and he was dismissed from the service.

It was enough to break the spirit of a proud young heart. Again he might have returned to Canada, feeling that fate was against him. Even yet he was physically unfit in certain ways. He was under no obligation to serve further, and had been given an opportunity of returning to civil life in Canada. But his determination to serve would not be denied. He crossed to France and joined as a private the 3rd Battalion of the famous French Foreign Legion. Away from his kin and his own, among strangers of all races and colors, he still kept his ambition to "avenge and redeem" before him. Sir Galahad, in his pursuit of the Holy Grail, was not more constant. Though accustomed to every advantage and luxury in private life, he accepted the privations incidental to the environment and service, throwing himself into the life of his battalion and becoming in every way an example in that cosmopolitan unit.

He joined the Legion in August, 1917, and was early marked for promotion. He served with distinction, winning three honorable mentions, the Croix de Guerre with gold star, and was recommended for the Medaille Militaire, the decoration for courage in the face of the enemy, as much prized in France as the Victoria Cross with us. In June of this year he was promoted to the rank of Sous-officer, or corporal, a high honor in the Legion.

"I cannot describe," he wrote about the time of his promotion, "how much one appreciates letters from home out here among men of every clime, nationality and color. I find recompense for every hardship in the wonderful opportunities I get from day to day to destroy the Hun in our great effort to avenge and redeem."

On July 17th he wrote again. Had he any premonition, as the candle fluttered at his side and as he wrote under the light of its waving flame, that his sands were nearly run?

"My own beloved mother and father," he began, "I am

sitting by the light of a wax candle in my cold, dark, damp corner of our big grotto. Opposite me sits a six-foot, seventeen-year-old Swiss youngster toasting his toes by a small wood fire, and singing the 'Marseillaise.' On my left eight big, husky Russians are squatting like Indians, and as silent, around a piece of blanket and intent on a game of cards. Occasionally they commence to sing ensemble, low and richly, an odd, beautiful native song. They have all excellent voices. Then, from another tunnel in the grotto, comes the weird high-pitched strain of an Arab song.

"The rain is pouring outside, where it is also extremely sultry and hot. Night is falling fast out there, where soon we'll march, silent and ghost-like in single file, through the deep communications dug recently by Fritz, by the crest of the wooded hillside, and on, across the shell-swept plain, pitted with craters and holes, to our positions in the immediate front line.

"It is to be another great day for our famous division to-morrow, and I am going to experience my first big bayonet attack at dawn. It is going to be a wonderful experience, and I am keen to be in it. I have every confidence that He will continue to guide and protect me. No evil can befall me. There is no danger there, though I pray that He may spare me a little longer to see once again the dear ones at home, the loved ones I so long to hold in my arms again. I will go into action to-morrow confident in His merciful loving-kindness and content to give all for King and country, for this great cause, and for the honor of the brave, beloved, anxious ones at home. But why anxious? In any event I will return to remain with you always.

"There are big tears of love and longing filling my eyes just now. My last prayer as the first shot is fired will be for you all, so far away and yet so near. You are always in my thoughts and prayers, and whatever have been my actions in the past my apparent thoughtlessness and lack of love, 'twas not me, 'twas not your son and brother. I loved and still love with a fierce intensity. I fight, suffer, and would die for you all.

"Au revoir, my loved ones. They're shouting for the depart and assemblement.

"Be always brave, trusting Him, and know that His will is good.

"Hugs and loving kisses for you all.

"Always your devoted, loving brother and son.

HARLEY G."

With the ink hardly dry on this letter the lad took his place in the ranks.

Days afterwards came the brief official message that Sous-officer Harley G. Smith had been killed in action on July 18th in the battle of Soissons. And some time later there followed a vivid letter from the Protestant chaplain of the battalion, telling of the finding of his body, and of how this gallant Canadian died with his face to the foe and his hand still gripping his rifle.

MILITARY APPOINTMENTS

TEMPORARY Captain E. L. Warner, C.A.M.C., relinquishes his appointment as Deputy Assistant Director of Medical Services. Lieutenant-Colonel E. J. Williams, D.S.O., to be temporary Colonel. Temporary Lieutenant-Colonel D. Donald to command a Canadian Stationary Hospital, vice Lieutenant-Colonel G. D. Farmer. Temporary Major T. H. Macdonald to be temporary Lieutenant-Colonel. Temporary Major W. M. Hart, M.C., to be acting Lieutenant-Colonel whilst commanding a special hospital. Temporary Captains to be temporary Majors: H. Orr, S. J. Streight, F. W. Tidmarsh, R. Pearse. Temporary Major E. V. Hogan to be temporary Lieutenant-Colonel. Temporary Captain G. Shanks resigns his commission. Temporary Lieutenants to be temporary Captains: J. R. Brais, A. F. McGregor, C. A. Wells, J. W. MacKenzie, N. W. Furey, A. E. Mackenzie, J. H. Howell, Y. Blayney, J. W. Reddick, P. D. McLarren, C. G. Sutherland, H. A. Des Brisay.

MISCELLANEOUS

AN IDEAL RESORT FOR CONVALESCENT PATIENTS *

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

* Publishers' Department.

THE USE OF WHISKY FOR MEDICINAL PURPOSES *

The recent epidemic of Spanish Influenza has caused considerable discussion as regards the medicinal value of whisky in such cases. It is not our intention to express any opinion upon this subject, but we do think it is advisable for medical practitioners to investigate the matter for themselves. What we do know in a general sort of way is that Canada has become famous for its whisky, and we have frequently observed the claims of Canadian Distillers as to the superiority of their whiskies over foreign whiskies which are not rectified.

We call the attention of the medical profession to the advertisement in this issue of the Corby Distillery Company, and would suggest that the merits of this whisky be investigated.

FERBER'S CAPSULES *

Ferber Capsules are soluble gelatine, oval-shaped envelopes and present many advantages over other forms of medication. Their general utility as a form of medication is based upon convenience, accuracy of dosage, purity of contents, and ready solubility. The pure, freshly-prepared nascent carbonate of iron is preserved within the capsule by means of an ingenious device, which has been originated and brought to a state of great perfection by the firm of Ferber. This consists in mixing very intimately, by trituration, the freshly prepared dry carbonate of iron, with specially selected petroleum of suitable density. The result is a semi-fluid substance which can be accurately measured, and, more important than all, a substance which is well-nigh impervious to the ordinary chemical action of the air. Thus carefully prepared and enclosed in the Ferber Capsule, the true Blaud's pill will keep in any climate for very long periods. The petroleum forms a protective envelope round each particle of the finely powdered carbonate.

* Publishers' Department.

and is only gradually removed in the alimentary canal. By this means not only is the true carbonate of iron preserved in its original condition but also the full and prolonged action of the Iron Medication upon the system is secured. Many spontaneous expressions of appreciation have been received from medical men in various parts of the world concerning the superior efficiency of the Ferber Capsule of Blaud's pill.

ICHTHYOL IN COLLAPSIBLE TUBES*

Acting upon suggestions from a number of the profession Merck & Co., are now supplying Ichthyol in 1-ounce collapsible tubes, for convenience in dispensing and administering. A physician who was among the number that suggested the collapsible tube, points out the three following advantages in his estimation: 1. The Ichthyol will be dispensed in a sealed, original package. 2. The tube tends to prevent evaporation, thereby insuring uniform strength. 3. For the doctor, nurse, hospital and druggist—economy, ease and convenience in handling.

THE TREATMENT OF DYSMENORRHEA*

As the general practitioner knows only too well, dysmenorrhea is productive of much pain and misery. Especially does it often severely handicap the working woman, since if not relieved by a safe and effective remedy, it renders her temporarily either unfit for her daily vocation, or compels her to fulfil her task under circumstances which essentially lower her efficiency. Naturally many women when suffering from this distressful condition have recourse to opium or some of its numerous preparations, which, to use an old adage, is, for the one afflicted, like "jumping from the frying-pan into the fire." True, the pain will be relieved, but there is always the liability of establishing a habit, in addition to the other evils to be feared from the employment of opium or its derivatives. Fortunately, it

* Publishers' Department.

is rare that such drugs need to be used, except in the most exceptional cases, for in Phenalgin the profession have an excellent substitute, a remedy that exerts a thoroughly dependable anodyne or analgesic effect, without exercising at the same time any depressing or injurious action.

AN EFFECTIVE PROPHYLACTIC *

It is a fact, often not entirely appreciated even by physicians, that the vaginal douche, properly employed, should be used frequently, even in the absence of any abnormal condition. Despite the opinions sometimes expressed that frequent douching is not advisable, that the natural secretions being sufficiently germicidal should be allowed to remain, etc., it is a matter of common knowledge and experience among women of any degree of refinement that proper toilet of the vaginal tract is as valuable, necessary and indispensable as the use of the toothbrush.

The proper use of the Marvel Whirling Spray Syringe is not only instrumental in the treatment of diseased conditions, but is also of great value as a prophylactic measure.

URASAL *

Urasal is an effervescent granule containing 7½ grains urotropine to each dessertspoonful, combined with piperazine and benzo-citrate of lithium. Piperazine is a base forming with uric acid urate of piperazine, which is very soluble in water and, therefore, quite successful in gout and uricemia, causing a decrease in uratic deposits and a proportionate increase in the quantity of urea. Benzo-citrate of lithium is a well known dissolvent of uric acid and urates. Urotropine is very rapidly absorbed and shows itself in the urine fifteen minutes after ingestion, and frequently eliminated in from thirteen to twenty-seven hours. Urotropine has four principal properties: (1) It dissolves uric acid; (2) in its passage through the kidneys it gives rise to the formation of formaldehyde, thus giving anti-

* Publishers' Department.

septic properties to the urine; (3) it is a diuretic; (4) it is a most effective antiseptic. Physicians will therefore realize how in cases of uric acid diathesis, Urasal is a most effective preparation. It is manufactured by Frank W. Horner, Limited, Montreal.

STIMULATES THE DIGESTION *

Careful investigation of the action of Bovinine shows that it acts, primarily, by stimulating the digestive and absorptive processes, and by imparting tonicity to the whole nervous system. The hepatic and the various secretory functions are increased, and a more substantial assimilation of nutriment follows as a natural sequence, and it gives to the system every element required to properly sustain it. In other words, proper balance between waste and repair is brought about.

PURE CHEMICALS *

It has for many years been a well-known fact that any chemical bearing the name of "May & Baker's" was absolutely pure. Recent years have established this more than ever, thus accounting for the steady consistent increase in the demand for M. & B. goods. Physicians should bear this in mind in ordering the finer chemicals and *specify* this particular brand *on their prescriptions.*

THE WINKLEY LIMB *

It is important that Canadian surgeons should recollect one thing, and that is that there is now no duty whatever on artificial limbs when imported into this country, so that a leg of any particular make can be purchased in another country and brought over just as easily as not. The Winkley Artificial Limb Company stand very high in the trade, and have earned an exceedingly high reputation for their goods. They have been awarded

* Publishers' Department.

a large number of gold medals and diplomas for the excellence and merit of their work, and from what we understand, they deserved all they got.

HYDRAS A VALUABLE REMEDY IN DYSMENORRHEA *

The busy practitioner will find Wyeth's Hydras of considerable value in the treatment of dysmenorrhea, colic spasm, and as an anodyne to relieve the pains caused by diseases of the female sexual organs. It is a powerful antispasmodic, though safe; it contains no opiate or any of the habit-forming drugs, and can be administered freely in variable doses without risk of any danger.

Hydras is the result of extended clinical experiments, a well-balanced formula of Viburnum opulus, Helonias, Hydrastis, Scutellaria and Cornus, dissolved in a palatable solution and aromatized.

A THERAPEUTIC AGENT OF VALUE *

Riga Purgative Water should be tried by physicians who desire to quickly and effectively relieve systemic tension. It will accomplish the desired object and will be found most effective in abdominal ascites, cardiac dropsy and dyspnea, acute Bright's disease with suppression of urine and cirrhosis of the liver. Try it and you will be pleased with its prompt action.

THE TRYPTIC STABILITY OF ELIXIR LACTOPEPTINE *

It is now generally realized and conceded that a preparation of pepsin and pancreatin can be manufactured *in powder form,* wherein the enzyme action will be practically permanent, even though HCl enters into its composition.

But since the addition of moisture to the powder will promote deterioration of the pancreatin, it is averred that *in a liquid preparation* the trypsin would soon be destroyed—digested by the pepsin.

* Publishers' Department

This theory, however, does not apply to Elixir Lactopeptine, in which, owing to *alcoholic interference,* mutual destruction within the preparation is rendered extremely remote if not impossible. For alcohol is present in sufficient concentration to prevent action between the enzymes.

On reduction of the alcohol by dilution, however, the release of the peptic and tryptic activities is immediate, as shown in the test tube.

FARWELL & RHINES' RELIABLE PURE GRAIN SANITARY SPECIALTIES *

"Cresco Flour"—A flour for Dyspeptics, mild cases of Kidney and Liver troubles, Obesity, Debility, Convalescence, etc. Many Diabetics claim to find it of great service, and all they require.

"*Special Dietetic Food.*"—A flour for Dyspeptics and cases of Kidney and Liver troubles requiring rather strict diet. at medium price.

"*Gluten Flour.*"—A flour for Diabetics and marked cases of Acid Dyspepsia, Intestinal Indigestion, Obesity, Rheumatism, and ills arising from excess of uric acid, containing much more protein than required by the U. S. Pure Food Law.

A NEW CALCIDIN PREPARATION *

Is there a doctor in the country who has not used Calcidin? This efficient iodine preparation is now probably more widely used for the treatment of coughs, colds and croup, and other infections of the respiratory tract, than any other remedy.

To meet an insistent demand for an elegant and palatable preparation of Calcidin, The Abbott Laboratories, Chicago, Illinois, have put out a "Calcidin Troche," which is a delicious, licorice-flavored tablet, containing ⅓ grain of Calcidin, and intended to be dissolved in the mouth so that the iodine will be absorbed slowly and come in contact, as much as possible, with the mucous membrane. Not only is it efficient, but it is so pleasant to take that children and older people really love it.

* Publishers' Department.

R
11
C38
v.44

The Canadian journal of medicine and surgery

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE